

**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 Services
<b>Centre ID:</b>	OSV-0003383
<b>Centre county:</b>	Laois
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Nua Healthcare Services
<b>Provider Nominee:</b>	Noel Dunne
<b>Lead inspector:</b>	Raymond Lynch
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<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, 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 17 May 2016 10:00 To: 17 May 2016 16:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
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**

**Background to Inspection**

This was an announced inspection following an application from the Provider Nominee for a request to vary their registration conditions. The centre was previously inspected in May 2015 and was found to be complaint across all 18 outcomes. The centre was registered for occupancy for twelve residents in 2015 and was seeking to increase that number to thirteen.

**How we Gathered Evidence**

The inspector met with three residents over the course of the inspection. All residents were complimentary of the service with some saying they loved living there. One resident was happy to show the inspector their self contained log cabin which was decorated to their individual style and taste. The inspector also observed the proposed accommodation for the additional resident and found it to be suitably decorated, ventilated, heated and spacious.

The inspector also spoke with the person in charge and the deputy team leader throughout the day. Policies and documents were also viewed as part of the process including a sample of health and social care plans, complaints log, contracts of care

and risk assessments. Particular attention was given to the Admissions, Discharge and Transfer policies of the organisation and how they would support a new resident transitioning into the service.

#### Description of the Service

There were two very spacious buildings in what would be regarded as the main house. These buildings provided accommodation for five residents. (The application to vary was to increase this number to six). One of the buildings lead to a self contained apartment with a bedroom cum sitting room, kitchenette and a shower room, which provided accommodation for one residents. The rest of the service was made up of six individual log cabins for semi independent living.

The centre was based in the midlands in County Laois and was in very close proximity to an urban centre. There was easy access to a range of facilities such as shops, shopping centres, churches, restaurants, pubs, barbers, hairdressers and cinemas. The centre also had the use of four cars for trips further afield if and when required by residents.

#### Overall Judgment of our Findings

As with the registration inspection facilitated in May 2015, this inspection found good levels of compliance across all outcomes inspected. Of the ten outcomes assessed eight were found to be compliant including residents rights, dignity and consultation, social care needs, safe and suitable premises, healthcare needs and governance and management.

Some issues were identified regarding the management of risk across parts of the centre and with medication management. These are further discussed in the main body of this report and 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, 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.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

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

This was the centre's first inspection by the Authority.

**Findings:**

Since the last inspection the inspector found that the rights, privacy and dignity of residents continued to be promoted and residents' independence, individual choice was supported, encouraged and respected.

The inspector reviewed the policy on independent living, which was updated in January 2016. The purpose of the policy was to ensure optimum living arrangements so as each resident could reach their full potential. This was being achieved in a number of ways. For example residents' had weekly meeting about the running and management of the centre and the inspector viewed a sample of these minutes.

These minutes included discussions on items such as menu planning for the coming week, individual household responsibilities, house activities and planned social outings. The person in charge also informed the inspector that residents were supported to maintain the upkeep of their bedrooms and/or individual log cabins and were also involved

The inspector reviewed the complaints policy and found that it met the requirements of the Regulations. In addition the complaints procedure was clearly displayed in each residents' personal plan. The policy was last reviewed in January 2016 and clearly identified who the complaints officer and deputy complaints officer was for the centre. Contact details of both were also available.

Since the last inspection some complaints had been made. The inspector observed a sample of a complaints log and saw that it contained adequate detail with regard to

recording and managing a complaint, the investigation process, actions required to address the complaint and the level of satisfaction regarding the outcome of the complaint. For example, one resident had made a complaint regarding a financial issue in the centre. The inspector observed that this complaint was managed in line with policy and was brought a transparent and satisfactory conclusion for the resident.

The inspector also observed that residents managed their own finances with minimal support from staff. Money management plans were in place and each resident had a secure safe in their room where they kept their money. Where requested, residents' also had locks on their bedroom door to ensure their privacy and for enhanced safety.

The centre had a policy on Advocacy which detailed that each resident could have access to an independent advocate in accordance with their wishes to assist with decision making, making a complaint or any situation related to financial abuse. The policy was reviewed and updated in January 2016. While the inspector observed that many of the residents could self advocate, details of how to access independent advocacy formed part of their personal plans.

The inspector also observed that comprehensive transitional plans would be put in place for a resident that was to move into the centre. This involved an initial assessment by the Admission, Transfer and Discharge Committee (ADT). This is further discussed under Outcome 4: Admissions and Contracts of Services.

**Judgment:**  
Compliant

#### **Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**  
Effective Services

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

No actions were required from the previous inspection.

#### **Findings:**

The inspector was satisfied that there were robust systems in place regarding admission to the centre. There were also policies and procedures in place to guide the admissions process.

There was a policy on admissions to the centre which had been agreed and signed off in 2013 (It was due for review in 2017). The purpose of the policy was to clarify the admissions process and to ensure that relevant information was available in order to plan for the required supports for a resident transitioning into the service. The policy

also planned for possible risks associated with a resident moving into the centre and how to mitigate such risks.

There was also a policy on referrals to the centre which explicitly detailed that the needs of the resident were paramount regarding any referral to the centre, as well as identifying and ensuring that the appropriate resources would be put in place to support the resident. This policy was also implemented in 2013 and was due for review in 2017.

The person in charge also outlined the systems and processes for admitting new residents including the comprehensive and individualised supports that would be available during the transition period. This included a comprehensive transitional plan being put in place to support the resident in the initial stages of the transition.

The inspector was satisfied that comprehensive plans and supports would be put in place to support a new resident moving into the centre. For example, in the past some residents required one to one support when they moved into the centre. Where required such supports were still in place, which the inspector observed on the day of the inspection.

Written agreements were also in place outlining the support, care and welfare of the residents and details of the services to be provided and where appropriate, the fees to be charged. The inspector read the document which detailed charges to be applied for services provided.

**Judgment:**  
Compliant

### **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

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

No actions were required from the previous inspection.

### **Findings:**

The inspector found that since the last inspection the residents' wellbeing and welfare continued to be promoted through a high standard of evidence based care and support.

The inspector reviewed the policy and procedures for personal planning which informed that each resident was to be supported by a comprehensive personal plan that was to be reviewed accordingly, taking into account any developments in the residents' lives. The policy clearly stated that each resident would be involved in their personal planning process and outlined the responsibilities of staff members in supporting the residents with their personal plans. The policy was last reviewed and updated in January 2016

From a sample of files viewed the inspector was satisfied that the arrangements to meet each resident's assessed needs were set out in their personal plans which had been developed in consultation with the resident and relevant key worker. 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. The inspector saw evidence that goals and aspirations were described and plans put in place to meet those.

For example, some residents chose to go back to college as a goal they would like to achieve as part of their individualised plans. On the day of inspection the inspector was informed by one resident that they had just completed their exams and were looking forward to finishing up college for the summer months ahead.

Another resident had completed an accredited third level course in a local college as part of their individual plans and the inspector saw their certificates of completion on the day of inspection. One resident wanted to learn how to swim as part of their plan and the inspector observed that staff had supported the resident to join a local health club and take up swimming classes.

Other residents were being supported to hold down paid employment both within and independent of the service. Again on the day of inspection the inspector spoke with a resident who had just finished their working day. They informed the inspector that they liked their job and looked forward to going there each day.

Residents were also supported to use their local community and frequent local shops, health clubs, play golf, go swimming, attend church and to go on holidays of their choosing.

From going through the policy on personal planning, reading a sample of personal plans and from speaking to both residents and staff, the inspector was satisfied that when a new resident would move into this centre their social care needs would be met in line with the Health Act (2007) and Regulations.

**Judgment:**  
Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the premises which was located on the outskirts of a town, continued to meet the needs of the residents residing there. The inspector was also satisfied that the proposed accommodation for a new resident moving in was suitable for a single occupancy residence.

There were two main buildings in what would be regarded as the main house. In one building there was the staff office with sleep over facilities, staff toilet and shower and two residents' bedrooms both of which had en suite shower, toilet and wash hand basin facilities. This was the building where the application to vary conditions applied to. The staff bedroom was no longer required for that purpose so the centre applied to HIQA to vary their conditions and look to support one additional resident.

The bedroom being proposed for the resident was spacious, very well furnished, had adequate storage space, was very well ventilated and had plenty of natural light. The resident would also have their own personal bathroom across the corridor and like the other residents living in the centre, would be facilitated to do up their accommodation to their own individual style and taste.

The next outside door lead to a large upstairs activity room which the residents call the hobbit because of its unusual shape. This was a spacious room equipped with television and games and equipment such as a pool table, air hockey table and gym equipment as well as comfortable seating. One resident had a personal trainer come into the centre once a week as a support in using the gym equipment.

The next outside door lead to a self contained apartment with a bedroom cum sitting room, kitchenette and a shower room. In the previous inspection in May 2016, the resident who lived there told the inspector how much they liked it, especially having her own front door. On this inspection the inspector did not meet with this resident.

The second building was adjacent and this had the main kitchen cum dining room. There was a large conservatory as well as a smaller sitting room. Both were very well furnished. A second staff sleepover room was located in this building along with a staff toilet. There was also a separate toilet and wash hand basin.

Upstairs there were three residents' bedrooms one of which had en suite facilities. There was also a separate communal bathroom.

To the rear of these two buildings, separated by a well maintained landscaped garden area, there were six single occupancy detached cabins. Each cabin consisted of a kitchen cum sitting room, a bedroom, bathroom and an additional room which some residents used as an extra bedroom for family or friends.

Other residents had changed this for additional storage while another used it as a computer room. On the day of inspection one resident showed the inspector their cabin, which was decorated to their individual likes and preferences. The resident in question had also recently had their parents stay over in the spare room.

Laundry facilities were provided in an outside building which contained two washing machines and two dryers. All areas of the centre were bright, spacious and homely. There were also extensive gardens around the centre together with a courtyard area in front of the main building. Adequate parking was provided for to the side of the premises.

The inspector also observed that there were suitable arrangements in place for the safe disposal of waste and that there were adequate hand sanitising gels and warm water available throughout the centre.

**Judgment:**  
Compliant

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

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

**Theme:**  
Effective Services

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

No actions were required from the previous inspection.

#### **Findings:**

The inspector was satisfied that the health and safety of residents, visitors and staff was being promoted. However, it was also observed that the arrangements to be put in place to support a new resident moving into the premises impacted on how risk was being assessed and managed in some parts of the centre.

There was a Health and Safety Statement in place which was specific to the centre. It had been developed in January 2016. The Health and Safety Statement made explicit reference to the duties of both employee and employer regarding the overall health and safety requirements of the centre.

There was also a policy in place on risk management which had been reviewed in 2015 by the regional manager. The risk management policy was to promote a working environment that encouraged the use of professional judgement with regard to calculated risk taking. The risk management policy was a comprehensive document and met the requirements of the Regulations.

The person in charge said that prior to any individual moving into the centre an individual risk impact assessment would be carried out in order to identify any areas of concern and put appropriate safeguards in place to mitigate identified risks.

The inspector also observed some individual risk assessments and found them to be comprehensive and effective in supporting the residents. From a sample of risk assessments viewed the inspector observed that when a risk was being identified, there were steps put in place to mitigate the risk.

For example, individual risk assessments identified that some residents required one to one staffing support at specific times of the day. On the day of inspection the inspector found that these supports were in place. A sample of staff rosters also informed that these one to ones were in place as and when required.

However, the inspector was not satisfied that risk was being adequately documented for some residents living on a semi-independent basis. For example, some residents slept in parts of the centre where there was no physical presence of staff at night time. It was not demonstrated that this arrangement had been fully addressed through the risk management processes in the centre.

There were a number of strategies in place to promote the residents safety during this time. Residents could ring the main house at any time if they needed anything (they all had mobile phones), they could come over to the main building at any time and there was also a proposal that when the new resident moved into the centre a waking night staff would be available to any resident during the night if required.

However, none of this information was documented and there were no risk assessments drawn up concerning residents sleeping in parts of the centre without the physical presence of staff.

The centre had a policy on health and safety management systems which was reviewed and updated in January 2016. Critical areas covered in this policy were fire safety and emergency procedures. The inspector saw that a fire alarm system was in place. Regular fire drills were carried out and systems were in place to ensure that the fire equipment including the fire alarm system were serviced regularly.

All fire fighting equipment and the fire alarm were maintained and tested regularly by an external consultancy company. The last checks were in December 2015 and May 2016. The inspector viewed the certificates of Inspection and Maintenance on the day of inspection. The inspector also saw a sample of a fire log and was assured that fire drills were carried out as required by regulations. Regular checks of escape routes and fire equipment were also carried out by staff.

There were four cars in use in the centre. The inspector observed that all were adequately insured and where required had undergone an NCT. There were also weekly checks in place to ensure the upkeep of each vehicle in use in the centre.

The last inspection in May 2015 found that all staff had undergone all mandatory training as required by regulations. On this inspection staff training files were not inspected.

**Judgment:**  
Substantially Compliant

**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

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

No actions were required from the previous inspection.

**Findings:**

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

There was a policy in place on procedures for safe practices which was reviewed and updated in January 2016. The aim of the policy was to minimise the likelihood of abuse occurring in the centre. This included all forms of abuse.

The centre also had a policy on the safeguarding of vulnerable adults which informed that all employees must take care to ensure that all residents are protected from abuse of any kind and that the welfare of the residents was paramount at all times. The policy was also informative on how to recognise abuse and how to respond to it.

The inspector spoke with one staff member who had worked in the centre for just over two years. The staff member in question was able to inform the inspector on what abuse was, how to respond to it, who the designated person was and all the required reporting procedures. The staff member in question also had up to date training in the safeguarding of vulnerable adults.

There was a policy in place guiding the management of behaviours that challenge which was reviewed and updated in 2015. The policy promoted the use of proactive strategies

in managing challenging behaviour and informed that all staff would be appropriately trained and that there would be adequate multi-disciplinary input as required. However, and as found in the previous inspection there was no significant issues regarding challenging behaviours in the centre.

There was a policy in place for the use of restrictive practices which was reviewed and updated in January 2016. The person in charge and staff spoken with informed the inspector that there were no physical restrictive practices in use in the centre. From a sample of files viewed it was observed that one resident was prescribed PRN medication. However, on checking the residents medical file the inspector observed that this medication had not been administered since the resident moved into the centre.

There was an intimate care policy in operation in the centre which was reviewed and updated in 2016. The policy was to provide safeguards to both residents and staff involved in providing personal care. The inspector found that it was informative on how best to provide personal care to residents while at the same time maintaining the dignity, privacy and respect.

The centre also had a policy on bullying which was updated in January 2016. The policy was informative of what bullying was and what the appropriate steps were to manage and report it so as all residents could experience their environment to be emotionally and physically safe.

The inspector viewed the money management policy and was satisfied that the practices outlined were safe and transparent with appropriate records to be maintained. The purpose of the policy was to ensure that all residents are supported to manage their own finances, but where required support would be provided. The policy was last reviewed and updated in January 2016.

The last inspection in May 2015 found that all staff had the required mandatory training in safeguarding. Staff training records were not viewed on this inspection.

**Judgment:**  
Compliant

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

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

**Theme:**  
Health and Development

**Outstanding requirement(s) from previous inspection(s):**  
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 and when required.

The inspector reviewed a sample of care plans and medical notes and saw that residents 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, dieticians, chiropodists, opticians and dental services and specialists services such as mental health if required.

Health monitoring documentation were completed and this included regular checks of blood pressure and weight management. The inspector was satisfied that residents' nutritional needs were met to an acceptable standard.

Weights were recorded on a monthly basis or more frequently if required. The inspector saw that where required residents were reviewed by a dietician and healthy eating plans and exercise programmes had been agreed.

Residents could choose where to have their meals including the cabins but the person in charge informed the inspector that most residents chose to have their evening meal together in the main kitchen as it was a social event and a good time to catch up with each other.

The inspector did not have a meal with the residents on this occasion however, the last inspection reported that meal times were a social occasion for both residents and staff in the centre.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that the medication management policies and procedures were generally satisfactory and safe. However, there were no standing operating procedures or protocol in place for the use of PRN medication relating to one resident.

The centre had a medication management policy in place which was reviewed and updated in January 2016. The aim of the policy was to ensure the safe administration and management of medication for all individuals living in the centre.

The inspector reviewed the policy which was comprehensive and gave clear guidance to staff on areas such as medication administration, medications requiring strict controls, ordering, dispensing, storage, administration and disposal of medications. The policy was also informative on how to manage medication errors.

The policy promoted the self administration of medication however, where support was required it would be provided by staff working in the centre. The person in charge told the inspector that all residents had completed a risk assessment to establish if they could safely manage their own medications and that if this is not possible then staff would assume responsibility for this. In this centre a number of residents were self medicating with very specific and individualised supports in place.

There was controlled medication in use in the centre and the inspector observed that it was kept in a double locked press and appropriately monitored and audited in line with the policy.

Safe storage facilities were provided. This included a medication fridge, however at the time of inspection there were no medications in use that required refrigeration. Medication audits were undertaken to ensure compliance with the centre's policy and that all required documentation was correctly completed and up to date.

The inspector reviewed the medication error report book, which provided details of an error if made, what action was taken and what corrective action was needed. The person in charge informed the inspector that the learning from adverse incidents occurring in the centre would be shared among staff members at regular team meetings.

A recent error had occurred where a staff member had administered medication at an incorrect time. This error was reported and recorded. In order to reduce the risk of this reoccurring the person in charge discussed it at the next staff meeting and the staff member in question was required to attend refresher training in the safe administration of medication.

From a sample of medical files viewed the inspector observed that one resident was on PRN medication. This was prescribed for agitation. However, there were no standard operating procedures or protocols for its administration. It was noted that since the resident moved into the centre they had not been given the PRN.

**Judgment:**  
Substantially Compliant

**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

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

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. Effective management systems were in place to support and promote the delivery of safe, quality care services.

A robust and comprehensive auditing system had been introduced within the organisation and was in operation in this centre. Arrangements were in place for the person nominated on behalf of the provider to carry out an unannounced visit on a six monthly basis to review the safety and quality of care and support provided in the centre.

Plans were also in place to ensure that the annual review of the quality and safety of care was carried out as required by the Regulations. The annual review was observed by the inspector and it was found to be a comprehensive critique of the service being provided. It acknowledged where the service was doing well and where improvements needed to be made in order to be compliant with regulations.

For example, the review last year highlighted the need for documentation to be kept on residents weekly meeting/forums. On this inspection the inspector found that the minutes were now being kept and were available for review. A review of the visitors sign in book also informed the inspector that senior management made regular visits to the centre to link in with both residents and staff members.

The inspector was also satisfied that there was a clearly defined management structure in place that identified the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service.

She was knowledgeable about the requirements of the Regulations and Standards. She was also committed to her own professional development and had just completed a course in management which she informed the inspector was of great benefit to her in her role.

She was supported by two deputy team leaders. The inspector spoke with one of the team leaders over the course of the inspection. He too was a skilled and experienced social care worker who was currently undergoing a management training course to further support him in his role. Both deputy team leaders worked opposite each other to ensure that there was a management presence in the centre in as much as possible.

The person in charge was also supported in her role by the regional manager. She reported that the regional manager was very supportive and made frequent visits to the centre as well.

**Judgment:**  
Compliant

### **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

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

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.

Evidence was available that staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice. The inspector was also satisfied that if required, additional supports would be put in place to support the needs of a new resident transitioning into the centre.

The person in charge informed the inspector that the staffing levels were based on the assessed needs of the residents. From viewing a sample of staff rosters the inspector was assured that where and when additional staffing hours were required they were provided for.

For example, a number of residents required one to one support at specific times throughout the day. The inspector observed that these supports were in place and maintained as required.

The person in charge facilitated monthly supervision meetings with each staff member to monitor performance and identify any additional training needs. Of the staff spoken with by the inspector they confirmed that they found these very helpful.

The inspector viewed a sample of the minutes from the supervision meetings and found that they were informative how well staff members were progressing in their role and with their responsibilities.

There were no plans in place at present to have volunteers in the centre. Should that change, the person in charge was aware of the requirements of the Regulations in this regard.

On the last inspection in May 2015 the inspector reviewed a sample of staff files and found that they met the requirements of the Regulations. The recruitment policy also met the requirements of the Regulations.

**Judgment:**  
Compliant

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

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

Raymond Lynch  
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 Services
<b>Centre ID:</b>	OSV-0003383
<b>Date of Inspection:</b>	17 May 2016
<b>Date of response:</b>	23 June 2016

### 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, 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### 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:**

The measures and actions in place to support some residents to live independently were not documented through the process of risk assessment

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

**1. Action Required:**

Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

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

Risk assessments will be completed for all residents whom reside in the independent cabins within this designated centre which will consider all risks and outline all controls in place to manage the risks.

**Proposed Timescale:** 22/07/2016

**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:**

A protocol was not in place to guide staff where a resident was prescribed PRN (as required) medication.

**2. Action Required:**

Under Regulation 29 (4) (b) 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 medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

Standard Operating Procedures (SOP) will be implemented to outline guidance to staff surrounding the administration of PRN for agitation.

**Proposed Timescale:** 22/07/2016