



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

Name of designated centre:	The Fairways
Name of provider:	Nua Healthcare Services Unlimited Company
Address of centre:	Offaly
Type of inspection:	Announced
Date of inspection:	20 June 2018
Centre ID:	OSV-0003389
Fieldwork ID:	MON-0022108

About the designated centre

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

This is a residential setting that can provide services for to up to eight people (both male and female), all requiring a significant level of care, support and supervision on a 24/7 basis. The service is primarily for adults over the age of 18 years however, there is one resident who is 17. Once this resident turns 18 the provider representative informed HIOA that the centre will no longer provide services to anyone under the age of 18. In order to ensure the level of support and supervision is adequate in meeting the highly complex needs of the residents and mitigate the risk associated with providing the service, the provider has employed a team of over 34 staff members consisting of a person in charge, a team leader, two deputy team leaders, a team of qualified social care professionals and a team of assistant support workers.

The centre comprises of a large detached two story bungalow, in a quiet and peaceful setting in the midlands. Each resident has their own en-suite bedroom (decorated to their individual style and preference) and communal facilities include a large very well equipped kitchen cum dining room, a spacious and very well decorated sitting room, a relaxation room and rooms provided for staff offices and sleep over facilities. There are very large and very well furnished garden areas to the front and back of the centre, with facilities for the residents such as a basket ball court and trampoline. Residents are supported to avail of day services, participate in life long learning and educational opportunities and participate in hobbies that interest them. Transport is also provided so as residents can frequent community based amenities such as shopping centres, gymnasiums, sports clubs, cinema, restaurants and hotels.

The following information outlines some additional data on this centre.

Current registration end date:	17/09/2018
Number of residents on the date of inspection:	8

How we inspect

To prepare for this inspection the inspector or 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
20 June 2018	10:30hrs to 15:30hrs	Raymond Lynch	Lead

Views of people who use the service

The inspector met and spoke with four of the residents over the course of this inspection. Residents appeared very happy and contented in the centre and informed the inspector that they liked living there, liked their individual living space, they got on well with staff and had a range of social and learning activities to engage in.

Three residents were happy to show the inspector their personal living space in the centre. Their rooms were decorated to their individual liking and preferences and they had personal items on display such as pictures and ornaments. Residents reported that they liked their rooms and some took great pride in them.

Some residents spoke to the inspector about how they like to spend their day and said that the staff supported them to engage in a range of social activities such as shopping trips, picnics and days out.

Feedback from the residents via questionnaires informed they liked living in the centre, staff were very kind, some wouldn't like to change anything, they enjoyed the sensory room and the centre was 'just perfect'. Some issues were also raised in some of the questionnaires such as residents not being happy with access codes placed on doors. The person in charge was aware of these issues and continued to work with the residents in resolving them.

Throughout the inspection process the inspector observed that residents appeared very relaxed in the centre, appeared very comfortable in the presence of staff members and staff interacted with them in a warm, friendly and professional manner.

Capacity and capability

The provider demonstrated a high degree of capacity to deliver this service as demonstrated in the good level of compliance found on this inspection. The centre was very well-resourced, supportive and responsive in meeting the individual and assessed needs of the residents.

In general, residents appeared happy and content in this centre. The provider had put in place a range of intensive individual supports and significant staffing resources so as to keep residents' protected and to ensure they could access their community safely. While it was observed that some of the measures and supports in place were highly restrictive in nature, they were kept under regular review and only

used to safeguard the residents.

There was a management structure in place which was responsive to residents' needs and their feedback on the service. There was also a clearly defined and effective management structure in place to include an experienced person in charge who worked on a full time basis in the centre. She was supported in her role by a Director of Operations and a Team Leader.

The person in charge was a qualified social care professional (with an additional qualification in Management) and provided good leadership and support to her team. She ensured that the staffing arrangements in place were appropriate which resulted in the individual and assessed needs of the residents being provided for. She also ensured staff were appropriately qualified, trained, supervised and supported so as they had the required skills and knowledge to provide a safe, responsive and effective service to the residents.

Of the staff spoken with, the inspector was assured they had the required skills, experience and knowledge to support the residents in a safe and effective manner. Many held third level qualifications and all had undertaken a suite of in-service training courses to include safeguarding, children's first, fire training, food hygiene, manual handling and basic lifesaving skills. This meant they had the skills necessary to respond to the needs of the residents in a consistent, capable and safe way.

Arrangements for the provider to oversee and monitor the centre were satisfactory. The Director of Operations provided regular support to the governance and management of the centre. She ensured that arrangements were in place to monitor and audit the centre as required by the regulations. There was an annual review of the quality and safety of care available along with six-monthly auditing reports. Such audits were bringing about positive changes to the operational management of the centre in turn ensuring it continued to respond to the safety and welfare of the residents.

There were systems in place to ensure that the residents' voice was heard and respected in the centre. Resident were supported to have 'significant conversations' with their key workers and this was supportive of ensuring any concern they may have was heard and acted upon. Residents also held weekly forums each week where they decided for themselves on menus and social activities to partake in.

Overall, from speaking with residents, management and staff during the course of this inspection, the inspector was assured that the service was being managed effectively so as to meet the assessed needs of the residents and to keep them safe in this centre. Residents reported that they were, for the most part happy with their living arrangements and on the day of this inspection appeared comfortable and content in their home.

Registration Regulation 5: Application for registration or renewal of registration

A complete application for the renewal of registration of the centre was received by HIQA in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

There was a full time person in charge in the centre, who was a qualified social care professional with significant experience of working in and managing services for people with disabilities. She had been managing this centre since 2015 and knew the needs of the residents very well.

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

She provided good supervision and support to her staff team and knew the needs of each individual resident at an intimate level.

Judgment: Compliant

Regulation 15: Staffing

This centre required significant staffing resources so as to meet the assessed needs of the residents. The inspector was satisfied that there were appropriate staff numbers and skill mix in place to meet the assessed needs of residents and to provide for the safe delivery of services.

Staff were also supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practices.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with all the required training so as to provide a safe and effective service. Staff had training in Safeguarding of Vulnerable Adults, Children's First, Safe Administration of Medication and Positive Behavioural Support.

From speaking with one staff member over the course of this inspection, the inspector was assured they had the skills and knowledge necessary to support the residents and meet their assessed needs.

Judgment: Compliant

Regulation 23: Governance and management

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

The centre was also being significantly monitored and audited (both internally and externally) which was ensuring it was safe and appropriate to the assessed needs of the residents.

Judgment: Compliant

Regulation 3: Statement of purpose

The inspector was satisfied that the statement of purpose met the requirements of the Regulations.

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

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

Judgment: Compliant

Regulation 31: Notification of incidents

The centre was notifying the Health Information and Quality Authority (HIQA) as required by the Regulations.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

There were systems in place to ensure the effective operations and management of the centre in the absence of the person in charge. The person in charge was aware of her remit to notify HIQA

Judgment: Compliant

Regulation 34: Complaints procedure

The complaints policy met the requirements of the Regulations and in addition, the complaints procedures were available to residents in the centre.

There was a logging system in place to record complaints, which included the nature of the complaint, how it would be addressed and if it was addressed to the satisfaction of the complainant. From reading a sample of documentation, the inspectors could see that complaints were being responded to appropriately in the centre.

There were some issues identified in the feedback questionnaires from residents however, the person in charge was aware of these and working with the residents to seek a solution.

Judgment: Compliant

Quality and safety

While some of the measures in place to keep residents safe were highly restrictive in nature, residents were being supported to live meaningful and active lives both within the centre and the community. The quality and safety of care provided to the residents was being significantly monitored and residents' health, emotional and social care needs were being supported and comprehensively provided for.

Some issues were identified with the assessment of risk and lack of clarity in one safeguarding plan however, when this was brought to the attention of the person in

charge, the team leader and director of operations, these issues were prioritised and addressed prior to the end of the inspection process.

The individual social care needs of residents were being supported and actively 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 their families and community. Independent living skills also formed part of the service and residents were supported to learn new skills such as numeracy and literacy skills.

Residents were being supported to achieve social care goals and this had ensured that they enjoyed experiencing the community in planned and safe manner. For example, some residents had recently been to London as part of their social care goals and were planning to go further afield later in the year. Some residents like to work in a farming environment and others were supported to partake in hobbies of interest such as gardening. Residents were also supported to be active members in a range of local health and social clubs, with some being members of a football team and others using local health and leisure facilities.

Residents healthcare needs were being comprehensively provided for and regular or as required access to a range of allied health care professionals formed part of the service provided. Residents had as required access to a GP, dentist, chiropodist, optician, audiologist and dietitian. Where required, comprehensive care plans were in place to support residents achieve best possible health. Such plans helped to ensure that staff provided consistent care in line with the recommendations and advice of the health care professionals.

Residents were also supported to enjoy best possible mental health and had access to a range of mental health professionals such as a behavioural support specialist, psychologist, psychotherapist, psychiatrist and a forensic psychiatrist. Staff working in the centre had training in positive behavioural support techniques which ensures they had the skills required to support residents in a professional, calm and caring manner.

Residents reported to the inspector that they liked living in the centre and it was observed that any adverse incident occurring was being thoroughly investigated, monitored and managed in a timely manner. Staff also had training in safeguarding of vulnerable adults and children's first and from speaking with one staff member, the inspector was assured that they knew what constituted abuse and the required reporting procedures.

There were significant resources, restrictive practices and systems in place to manage and mitigate risk and to keep residents safe in both the centre and their community. For example, where a resident was at risk in the community, 1:1 and/or 2:1 staffing arrangements were provided for. This ensured that the residents remained connected to their community and could engage in social activities in a safe and dignified manner. In order to keep residents safe in the centre, alarms were placed on a number of internal and external doors and all residents whilst in the centre had 1:1 staff support throughout the day. In order to ensure residents

safety at night time and mitigate the level of risk the centre was managing and to meet their assessed needs the provider had deployed three waking night staff and one sleepover staff to cover night duty.

However, some risk assessments and a safeguarding plan required review as they were not adequately descriptive of some of the measures in place to keep residents safe and did not reflect what was happening in practice. When this was brought to the attention of management of the centre, they had addressed these issues by the end of the inspection process. However, the provider was required to review this area more broadly to ensure was risk was consistently being managed effectively and in accordance with the provider's policies and procedures.

There were systems in place to ensure all fire fighting equipment was serviced as required. A sample of documentation informed the inspectors that staff also undertook regular checks on all fire fighting equipment and where required, reported any issues or faults. Each resident had an up-to-date personal emergency evacuation plan in place.

There were policies and procedures in place for the safe ordering, storing, administration and disposal of medicines which met the requirements of the Regulations. Controlled medication was in use in this centre and it was appropriately secured in a double locked press as required. p.r.n. (as required) medicine, where in use was kept under review and there were strict protocols in place for its administration.

Overall, residents reported to the inspector that there were happy in this centre and got on well with both management and staff. It was also observed that despite the level of risk the centre was managing, there were adequate resources in place to keep residents safe and connected to their community.

Regulation 17: Premises

The centre comprised of a large two story dwelling close to a number of towns and villages.

Each resident had their own en-suite bedroom which were decorated to their individual style and preferences.

There were communal facilities available to include a large very well equipped kitchen, dining rooms and sitting rooms.

There were private gardens available to the residents which were suitably decorated with garden furniture.

The centre was very well ventilated, clean, bright and kept in a good state of repair.

Judgment: Compliant

Regulation 26: Risk management procedures

The health and safety of residents, visitors and staff was being promoted and there were adequate policies and procedures in place to support the overall health and safety of residents.

Management had put together a significant risk matrix containing environmental and individual risks and identified the mitigating factors in addressing such risks. However, some areas of risk assessment and safeguarding required review as they were not adequately descriptive of the measures in place that were keeping residents safe. While the person in charge and team leader had addressed this issue, the process of risk assessment required further review so as to ensure they were all up-to-date and accurately reflected the measures in place to mitigate risk and keep residents safe.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were adequate fire precautions systems in place to include a fire alarm and a range of fire fighting equipment such as fire extinguishers, fire blankets and emergency lighting.

Documentation viewed by the inspector informed that regular fire drills took place and each resident had a personal emergency evacuation plan in place.

There were systems in place to ensure that all fire equipment including the fire alarm system was being serviced as required by the Regulations.

Staff carried out regular checks of escape routes, emergency lighting, the fire panel and all fire fighting equipment and from a small sample of documentation viewed, staff had attended fire training as required.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The medication management policies and procedures were satisfactory and safe.

The medication policy which was a comprehensive document 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 should one occur. It was observed that there had been no recent drug errors reported in the centre.

All medicines were securely stored in a secured unit in the centre and any staff member who administered medication was trained to do so. Controlled medications in use in this centre were also seen to be stored securely and as required by the Regulations.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents were being supported to achieve personal and social goals and it was observed that where appropriate, there was both family and multi-disciplinary input into resident's person plans.

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

Judgment: Compliant

Regulation 6: Health care

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

Residents also had regular to GP services, their medication requirements were being regularly reviewed and hospital appointments were being supported and facilitated as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The inspector was satisfied that the residents had access to emotional, behavioural and therapeutic supports that promoted a positive, low arousal approach to behaviours of concern. Where required, residents had access to a range of multi-disciplinary supports to include behavioural support therapists, psychology, forensic psychiatry and psychotherapy. Staff also had received specific training in positive behavioural support.

There were significant restrictive practices in use in the centre. However, they were being reviewed regularly and were only in use to promote the residents welfare, well being and safety. Some restrictions had been reduced however, such as protective coverings on TV's since the last inspection.

Judgment: Compliant

Regulation 8: Protection

Residents were being protected in this centre and there were significant resources in place to ensure their safety. Some residents had also been provided with self awareness courses in order to promote their safety. Staff had training in safeguarding and this meant they had the knowledge and skills to protect residents in their care. It was observed that a safeguarding plan required review however, this issue had been addressed prior to the end of the inspection.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Fairways OSV-0003389

Inspection ID: MON-0022108

Date of inspection: 20/06/2018

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"><li data-bbox="268 987 1385 1099">1. The Centre Specific Risk Register in place in the Centre has been review by Person in Charge in full incorporating a plan to reduce high risks with the introduction of more control measures. Date Complete 02.08.2018<li data-bbox="268 1106 1447 1178">2. Individual Risk Management plans have been reviewed to ensure all control are in place in line with Risk Management Policy Date Completed 26.07.2018<li data-bbox="268 1184 1433 1252">3. PIC will adhere to Risk Management Policy and Centre Specific Register will be reviewed when required.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	02.08.2018