

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by Nua Healthcare
Centre ID:	ORG-0011282
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare
Provider Nominee:	Noel Dunne
Person in charge:	Tracey Wall
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

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: 20 May 2014 10:00 To: 20 May 2014 17:30

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, the regional manager, 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.

Overall the inspector found that residents received a good quality service. There was evidence of compliance, in a range of areas, with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and this was reflected in a number of positive outcomes for residents. Staff supported residents to maximise their independence and encouraged them to make decisions and choices about their lives. Residents held regular meetings about how the house was run. Residents' communications needs were promoted and all residents were supported to pursue their hobbies and interests. The centre was homely and warm, and the inspector found that the residents were comfortable and confident in meeting the inspector.

The inspector found the service was managed and run by a suitably qualified person in charge who was fully engaged in the governance and management of the designated centre. Appropriate staff recruitment and supervision was in place and staffing levels were suitable to meet the needs of the residents. Social care needs

were met and the residents had access to a range of health care professionals. Improvement was required to ensure that recommendations by health professional were consistently acted upon. Although safe medication practices were observed, improvement was required to the management of medications that required strict controls.

The non compliances are discussed in the body of the report and included in the action plan at the end of this report.

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 residents were supported to live independent and fulfilling lives and an appropriate system of personal planning was in place to guide this process.

A daily plan was devised for each resident and presented in word and picture format to remind residents of the various trips and activities scheduled for the day. A full range of activities were available including educational and social pursuits. Transport was available at the centre. Residents were seen out enjoying various activities. On return from the day services and educational activities, most of the residents spent time in the garden. This was in the process of being landscaped to further improve the experience for the residents. Ample garden equipment and games such as a go cart, were provided, appropriate to the young age of the residents.

The arrangements to meet each resident's assessed needs were set out in a personal plan which had been developed in consultation with the resident and relevant key workers and family members. The inspector found that the personal plans were focussed on improving the quality of residents' lives, as evidenced by clearly defined goals for each resident. The personal plans detailed the actions and the persons responsible for ensuring goals were met.

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, communication needs including how the resident would express pain etc.

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 found that the provider had taken steps to promote the health and safety of the residents, staff and visitors.

There was a centre-specific safety statement in place. There was an active health and safety committee and a monthly health and safety audit of the premises was carried out. The assessments were being updated regularly as risks were identified or changed for residents. Risk assessments were also carried out on the use of staff vehicles to transport residents. The inspector found that the risk management policy had been recently updated and met with the requirements of the Regulations, and staff members in the centre were knowledgeable regarding their duty to report any issues of risk to management. Individual risk assessments were 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 read the emergency plan and saw that it provided sufficient guidance to staff.

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 the fire alarms. Individual resident evacuation plans were in place some in pictorial format.

All staff had attended training in the moving and handling and a matrix was maintained 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 policy on the protection of vulnerable adults was satisfactory and guided practice. The inspector found that staff members in the centre were knowledgeable with regard to their roles and responsibilities for the safeguarding of residents. 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 in relation to adults and children. 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. Staff were very clear about the reporting procedure for both adults and children and were aware of the named staff member to be contacted.

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 issues were discussed at residents' meetings and reminders in pictorial format on issues such as the right to privacy were on display in areas throughout the centre. Topics were also 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. There was a comprehensive 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. Residents had detailed positive behaviour support plans in place where necessary. Multi element behaviour support plans were developed and the inspector found that they were based on multi-disciplinary input and were of good quality. Staff members were aware of the content of these plans and were aware of the need to update them as residents' needs changed. The inspector

noted that each episode was analysed and plans put in place to prevent reoccurrence.

A restraint free environment was promoted and although a single restrictive practice was in place this was as a result of ongoing assessment. Other alternatives had been trialled as a replacement and its use was under constant monitoring and appropriate risk assessments were completed.

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that residents' healthcare needs were met but some improvement was required in following through on recommendations from the multidisciplinary team.

The inspector read where a resident had been reviewed by one of the specialists from the provider's clinical team. He had recommended among other things, that the resident be reviewed by the dietician. This had not been carried out. The inspector noted that the resident's weight had been recorded and some weight loss had occurred. This was discussed with the regional manager and person in charge and was being addressed prior to the end of the inspection. Otherwise the inspector was satisfied that residents were provided with a nutritious and varied diet. The inspector saw that some of the residents were involved in planning the shopping list, buying groceries and preparing meals. Choice was available if a particular resident did not like the main menu. In addition, residents' specialised nutritional requirements were well managed by staff.

The inspector was satisfied that residents health care were met. 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), chiropodists, opticians and dental services and those specialists previously mentioned under Outcome 8.

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 - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found that policies and processes were in place for the safe management of medications. However, some improvement was required with regard to the safekeeping of medications that required strict controls.

The inspector read the record of drugs that required strict controls and noted that end of shift checks were not being carried out in line with professional guidelines and the centre's own medication policy which had recently been updated. The inspector checked the balances and found them to be correct.

Otherwise the inspector was satisfied with medication management practices. All medications were administered by a social care worker or nurse. No resident was self medicating at the time of inspection. 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 to guide practice 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 inspector recently met with the Director of Services and the Director of Operations for the organisation which included this centre. They 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. Resident satisfaction surveys were completed as part of this work and the results were presented to staff and residents. Visual aids were used to assist residents' understanding. 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.

There was 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 in charge with authority, accountability and responsibility for the provision of the service. She is supported in her role by the regional manager and both were available throughout this inspection. Individual interviews were carried out and both staff were 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. The person in charge was clear about her role and responsibilities and about the management and the reporting structure in place in the organisation. The provider had established a clear management structure and the roles of managers and staff were clearly set out and understood. 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 inspector reviewed a sample of staff rosters and noted that on the days of inspection the roster reflected the number of staff on duty. The person in charge 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 person in charge told the inspector that because of the specific needs of some of the residents, the same relief staff provided cover when required.

There were safe recruitment systems in place to ensure that staff employed in the centre were suitable to work with vulnerable adults and children. Staff files were reviewed and it was found that they contained the required documents as outlined in Schedule 2 of the Regulations. There were no volunteers attending the centre at the time of inspection.

Records were maintained of staff training. These records showed that in addition to mandatory training staff members attended a range of other training in areas such as behaviours that challenge, autism, first aid and medication management. Staff also confirmed that they had received information sessions on the Regulations and the Standards and were very positive in their responses about 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:

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Regulation Directorate
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Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Nua Healthcare
Centre ID:	ORG-0011282
Date of Inspection:	20 May 2014
Date of response:	09 June 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 11. Healthcare Needs

Theme: Health and Development

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

One of the recommendations by the medical team had not been acted upon.

Action Required:

Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

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

A therapeutic referral has been made through our weekly clinical meeting for the dietician referral and this appointment has been arranged for the 19th of June for the resident.

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

A full review of all assessment reports within the designated centre will be completed to ensure all recommendations have been incorporated into all residents plans and all needs are been meet

Proposed Timescale: 09/07/2014

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:

End of shift checks were not being carried out on drugs that required strict controls.

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 Policy in relation to the safe administration of control drugs has been updated

This has encompassed a standardised document to record checks on control drugs twice a day outside of any administration times.

This will be rolled out across the organisation at the monthly Team Leaders meeting of all designated centres. It will also be rolled out at our monthly team meeting in each of our designated centres. The person in charge will complete weekly checks and report to the line manager through her weekly report of any discrepancies.

This will also be monitored through monthly medication audits

Proposed Timescale: 09/07/2014