

**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 Services
Centre ID:	OSV-0003387
Centre county:	Meath
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare Services
Provider Nominee:	Noel Dunne
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Announced
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, 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 to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
07 April 2015 10:30	07 April 2015 18:00
08 April 2015 10:00	08 April 2015 16:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
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 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

As part of the inspection, the inspector met with residents and staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records, accident logs, policies and procedures. The inspector also reviewed questionnaires submitted to the Authority's Regulation Directorate.

As part of the registration process, an interview was carried out with the person in charge and the regional manager who had previously been interviewed for her role in another centre. The person authorised to act on behalf of the provider was also previously interviewed for this role. Interviews were recently carried out with the Director of Operations and the Director of Services at the organisation's head office.

Overall, the inspector was satisfied that residents received a quality service. There was evidence of a substantial level of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. The inspector was satisfied that residents' social and health needs were met.

The inspector found that care was provided by a committed team of staff who were knowledgeable about the residents and their assessed needs. The team received support from a suitable person in charge. The inspector was satisfied that there were appropriate staff numbers and skill mix to ensure the safe delivery of services and all staff were supervised on an appropriate basis and recruited, selected and vetted in accordance with best recruitment practice.

Systems and procedures were in place to promote the health and safety of residents, staff and visitors. Satisfactory risk management and fire safety procedures were in place. Appropriate provisions were in place for the protection and safeguarding of residents against the risk of abuse.

Improvements required related to some aspects of the documentation of care and the use of restraint. These are discussed further in the report and included in the Action Plan at the end

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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):

No actions were required from the previous inspection.

Findings:

The inspector found that the rights, privacy and dignity of residents was promoted and residents' choice encouraged and respected.

Residents were consulted with and participated in decisions about their care and about the running of the centre. The inspector saw where issues were regularly discussed with residents. A weekly residents' forum meeting was held and one of the residents had responsibility for taking the minutes at this meeting. In addition when residents preferred, individual issues were discussed with their key workers. Actions required were completed. For example the inspector saw where recommendations made by the residents regarding menu choices had been addressed.

The inspector observed numerous interactions between residents and staff that were respectful and caring and were delivered ensuring that the dignity and privacy of the resident was maintained. Staff had an in-depth knowledge of the preferences of the residents and this was supported by information in the care plans and entered into the daily records.

The centre had a complaints policy and procedure and the inspector noted that it met the requirements of the Regulations. In addition the complaints' procedure was clearly displayed in a prominent position in an easy read format. Staff spoken with were familiar with the policy.

When required, staff assisted residents to manage their monies. The inspector was satisfied that this was managed in a safe and transparent way with appropriate records maintained. Balances checked were correct. Individual locked boxes were also provided

in each resident's room.

Judgment:

Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents were supported and assisted to communicate in accordance with residents' needs and preferences.

Staff were aware of the communication needs of all residents and the inspector observed staff and residents communicating freely. Residents' communication needs were identified in the personal planning documentation and supports were identified where needed. This included presenting information in pictorial format if helpful. Easy read versions of some documents had been developed including what is safeguarding and rights.

The inspector read where some residents had attended speech and language therapy and plans were underway to address the recommendations made. For example the inspector saw that dates had been confirmed to provide staff with Lámh training (a manual sign system used to support communication) which the therapist felt would benefit the resident.

The inspector also saw that the Picture Exchange Communication System (PECS) was used by some of the residents to aid their communication. The inspector saw that some residents benefited from a structured written and pictorial timetable outlining the day's events and also saw staff reassuring residents that everything was going to plan and achievable.

Communication passports had been developed for all residents and contained very detailed person centred information such as 'all about me', 'special people in my life' and 'how I communicate'.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that staff helped residents to maintain contact with their families. Families were encouraged to visit and stay for a meal or a snack with the residents. The inspector saw where regular frequent contact was maintained between the staff and the relatives when residents so wished.

The inspector saw that staff facilitated visits with family members outside of the centre and home visits were supported. Transport and escort services were provided when required.

The inspector saw that residents were encouraged to develop links with the wider community as far as possible. This is discussed in more detail under Outcome 10.

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:

There were policies and procedures in place to guide the admissions process. The process was also described in the statement of purpose. There were no recent admissions to the centre.

Written agreements had been provided to relatives outlining the support, care and welfare of the residents along with the services to be provided. An easy read version

was also available for residents.

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:

Although there was ample evidence of good practice, the inspector was not satisfied that personal plans consistently provided sufficient detail to guide practice.

On reviewing a sample of personal plans, in the main, the inspector found that the residents' care needs were identified and plans were put in place with the residents to address those needs. Daily records were maintained of how the residents spent their day. A key worker was assigned to each resident and the inspector saw evidence that goals were described and plans put in place to meet those.

However the inspector identified some information which had not been kept up-to-date or amended to reflect the changing needs of the resident. In addition the inspector saw that information was not readily available as even though it related to the same assessed need, it was in different folders and difficult to locate. For example, the inspector saw that a care plan for the management of incontinence did not outline the specific management plan. The inspector spoke to staff and they were very clear on the procedure in place. It was also noted that some personal plans had not been updated to reflect changes in care provided. This was discussed with the person in charge and the regional manager. They acknowledged the discrepancies and described work currently being undertaken to ensure that the personal plans were up to date.

The personal plans contained important information about the residents' life, their likes and dislikes, their interests, details of family members, circle of support and other people who are important in their lives. Where possible residents or relatives had signed to confirm that they were involved in the development of their plans and in regularly reviewing them with their key workers.

There was evidence that residents were supported in transition between services. A hospital passport had been developed to ensure that relevant information was available should a resident be admitted to a general hospital. This contained information such as medications, previous history, likes and dislikes and other important information.

There was an extensive range of activities available to the residents. Some residents attended day services. Other activities included trips to the shops, cinema and outings to the local parks and gardens.

Judgment:

Substantially 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 premises which was located in a rural setting, met the needs of the residents who were living in the centre at the time of inspection. The centre was warm and inviting and decorated in accordance with the residents' preferences.

There were four bedrooms for residents, two upstairs with en suite facilities while the two downstairs shared a bathroom. Some residents were happy to show the inspector their bedrooms. The inspector found that bedrooms were comfortably furnished and decorated in accordance with residents' preferences. Some residents had personalised their rooms with their favourite cartoon characters and posters.

There was an accessible kitchen which was a popular spot for the residents. The dining room and sitting room were linked and both areas were comfortably furnished. The dining room had patio doors leading to a large decking area.

Laundry facilities were available in the utility room and residents could attend to their own laundry if they wished. There were two rooms set aside for staff sleepovers and offices. All files etc. were securely stored there. One of these had en suite facilities for staff use.

There was an annex to the side of the house. This building was used for additional

activities, quiet time or family visits.

There were extensive garden areas to the front, side and rear of the building. These were well maintained and had play equipment such as a swing and a trampoline.

Adequate parking was provided.

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 promoted.

There was a Health and Safety Statement in place. A weekly health and safety checklist was completed which included a review of the housekeeping, emergency exits, electrical safety furniture and fittings. Action plans were put in place if required and timescales outlined for completion.

The inspector saw that an unannounced monthly health and safety audit of the premises was carried out. The actions required, timelines and person responsible for completion were documented. For example the inspector saw that gaps had been identified in the recoding of the vehicle checks. The inspector saw that this was discussed at team meetings and visual reminders put in place. The inspector saw that this action was now completed.

Risk assessments were also carried out on the use of the vehicles to transport residents. This included checking the oil and water, the lights, tyres, tax and insurance. An active risk register was also maintained.

The inspector found that adequate fire precautions had been put in place. The inspector viewed evidence that fire equipment was serviced regularly, as were the fire alarm and emergency lighting. On each shift a particular staff member was assigned responsibility for fire safety.

The inspector saw that fire drills were carried out on a weekly basis at different times of the day and evening. The inspector also noted that residents and staff attended the fire

safety training. One resident had his certificate on display in his bedroom. Staff and residents spoken with were knowledgeable on the procedure to follow in the event of a fire.

The inspector read the emergency plan and saw that it contained sufficient detail to guide staff in the procedure to follow in the event of possible emergencies such as flood or power outage. In addition alternative accommodation for residents was specified should evacuation be required. An emergency bag containing equipment such as torches, a charged mobile phone, keys to the bus and high visibility jackets was available to take with residents should it be required. The staff had also identified at a fire drill that some residents may require additional clothing and each resident had a spare set of clothes packed in a bag and stored in the annex.

All staff had attended training in the moving and handling and a matrix was maintained to identify when additional training was required

Judgment:

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 found that measures were in place to protect residents from being harmed or abused although some improvement was required regarding the use of restraint.

A restraint free environment was promoted and although some restrictive practices had been reported to the Authority, the inspector saw that they were used as a last resort. However one resident used a harness at times whilst in the car. The inspector was concerned that there was no risk assessment carried out for this usage. The inspector reviewed the policy which stated that a risk assessment must be completed prior to the usage of mechanical restraint. This was discussed with the person in charge who undertook to complete this. In addition the inspector discussed the need to update the policy to provide additional guidance for staff.

The inspector viewed the attendance records and saw that all staff had received training on the prevention, detection and response to abuse. The inspector found that staff were able to explain the different categories of abuse and what their responsibilities were if they suspected abuse. The person in charge and team leader were clear about the measures they would take if they received information about suspected abuse of a resident.

Residents spoken to confirmed to the inspector that they felt safe in the centre. They primarily attributed this to the staff being available to them at all times. One resident told the inspector that this was the safest he had ever felt because he knew the staff both cared for and loved him.

The inspector was satisfied that there was a policy in place guiding the management of behaviours that challenge and there were good systems in place for the management of these behaviours. This included regular access to behaviour specialists, psychotherapists, psychologists, a neuropsychiatrist and psychiatrists. Residents had detailed positive behaviour support plans in place where necessary. In addition the inspector saw that each episode of behaviour that challenged was reviewed and analysed by the behaviour team to identify any additional triggers or possible interventions.

Judgment:

Substantially Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. Recent changes had been introduced to ensure that all relevant incidents were notified to the Chief Inspector by the person in charge.

Judgment:

Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

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 general welfare and development needs of residents were promoted.

Residents were supported by staff to pursue a variety of interests including shopping, swimming and horse riding. The inspector also saw that residents did not always wish to attend and their choice was respected. Care plans and daily records documented the type and range of activities that they were involved in. Daily planners in word and picture format were also on display for each resident. The inspector saw a resident looking through a tourism book to decide where to go that day. Plans were then made including lunch and ice cream.

Two of the residents were attending school and the inspector saw that constant communication was maintained by the use of handover books which were brought to the schools each day. In addition the inspector saw that meetings were scheduled to plan future requirements for a resident who was due to leave school this year.

The inspector also saw that various training programmes and educational activities were available for the residents as appropriate. Several of the residents attended the day services and undertook activities such as cookery, computer skills, woodwork and also attended the gardening day services.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector was satisfied that residents' health needs were regularly reviewed with appropriate input from multidisciplinary practitioners where required.

The inspector reviewed some care plans and medical notes and saw that 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 those specialists previously mentioned under Outcome 8. Action previously required relating to access to an allied health professional had been addressed.

Health monitoring documentation was completed and this included regular checks of blood pressure, pulse and temperature.

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 menu choices were on display. Photographs had been taken of various meal choices and these served as a reminder for residents. The inspector saw where one resident had been reviewed by a dietician and a healthy eating plan had been agreed. Staff volunteered more appropriate choices when healthy eating was encouraged.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector was satisfied that each resident was protected by the designated centres' policies and procedures for medication management. Action previously required relating to the checking of medication that required strict controls had been addressed.

Having reviewed prescription and administration records and procedures for the storage of medication, the inspector was satisfied that appropriate medication management practices were in place guided by the centre's policy. Staff had received training and plans were in place to ensure that staff repeated this training annually. Written evidence was available that regular reviews of residents' prescriptions were carried out.

The inspector noted that significant changes had been introduced to strengthen the procedures around medication to be administered as and when required (PRN) and the return of unused or out of date medication to pharmacy. The policy was also amended to guide the new practice.

Monthly audits were conducted to ensure compliance with the centre's policy and any discrepancies were rectified immediately. The inspector saw that following one audit where it was identified that there were gaps in the recording of medication administration, action had been taken which included additional training for staff. Full compliance had been noted at subsequent audits.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

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 statement of purpose met the requirements of the Regulations. It accurately described the service provided in the centre and was kept under review by the person in charge. It was available to residents and their representatives.

Judgment:

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

The inspector previously met with the Director of Services and the Director of Operations who 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. 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.

Frequent in house audits, both announced and unannounced were completed on areas such as documentation, hygiene, health and safety and medication. The inspector saw that the results of these were used to improve practice. For example the inspector saw where following the regular periodic service review by the behavioural team it was identified that monthly outcomes were not consistently completed. It identified that this was because the staff member was unsure about the procedure and additional supports were provided. The inspector noted that this review also included checking staff knowledge and understanding of the behaviour support plans.

There was a clearly defined management structure that identified the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. She was knowledgeable about the requirements of the Regulations and Standards and was clear about her role and responsibilities and about the management and the reporting structure in place in the organisation. She worked full time in the centre and was well known to the residents.

The provider had established formal management meetings but line managers could also be contacted by phone or email at any time. There was also a robust on call rota to ensure back up assistance was available should the centre require assistance out of office hours.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The provider was aware of his responsibility to notify the Authority of the absence of the person in charge. To date this had not been necessary.

Appropriate deputising arrangements were in place. The regional manager provided this cover. The inspector had previously interviewed this person and met with her during this inspection. She was aware of the responsibilities of the person in charge and had up to date knowledge of the Regulations and Standards.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

No actions were required from the previous inspection.

Findings:

The inspector found that sufficient resources were provided to ensure the effective delivery of care and support in accordance with the statement of purpose.

Staff spoken with confirmed that adequate resources were currently provided to meet the needs of the residents. The centre was maintained to a good standard and had a fully equipped and stocked kitchen. Maintenance requests were dealt with promptly.

Staff confirmed that transport was available to bring residents to their home, the various activities and day services. The regional manager stated that they had identified that an additional car would provide greater flexibility to the residents and this had been provided.

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

The inspector examined a sample of staff files and found that they met the requirements of the Regulations. The inspector reviewed the staff rosters and found that staffing arrangements were based on the needs of the residents and were sufficient to support and enable residents in their daily routines. The roster was flexible and changes were made on an ongoing basis in order to facilitate the varying schedules of all the residents.

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, first aid and medication management. Certificates of attendance were in the staff files and a training matrix was maintained. A large number of eLearning programmes had been developed to ensure that all staff had access to ongoing training. Staff spoken with confirmed that there was a range of training available to them.

Monthly supervision meetings were carried out with each staff member to monitor performance and identify any additional training needs. In addition, yearly staff appraisals were carried out.

There were no volunteers in the service at this time.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as required by the Regulations. The person in charge was aware of the periods of retention for the records which were securely stored.

The designated centre had in place the written operational policies required by Schedule 5 of the Regulations. Adequate insurance cover was also in place.

The inspector read the residents' guide and found that it provided detail in relation to all of the required areas. This document described the terms and conditions in respect of the accommodation provided and provided a summary of the complaints procedure.

The inspector reviewed the directory of residents which was up to date.

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:

Sheila Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Nua Healthcare Services
Centre ID:	OSV-0003387
Date of Inspection:	07 April 2015
Date of response:	06 May 2015

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 05: Social Care Needs

Theme: Effective Services

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

Some personal plans were not updated to reflect changing needs and did not consistently provide sufficient detail to guide practice.

Action Required:

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and

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

social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

Personal Plan was reviewed by PIC and was updated to reflect change in Incontinence Plan including behavioural prevention intervention. The PIC in charge will ensure that personal plans are updated on a regular basis to reflect any changes to the resident's needs, which in turn will guide practice

Proposed Timescale: 17/03/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

A risk assessment had not been completed for the use of a mechanical restraint.

Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

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

Risk Assessment now in place for the use of a mechanical restraint and log kept of use of mechanical restraint. Policy on mechanical restraints reviewed. Quarterly notifications on use will be sent to HIQA.

Proposed Timescale: 24/03/2015