

**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-0005324
Centre county:	Meath
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare Services
Provider Nominee:	Noel Dunne
Lead inspector:	Julie Pryce
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	5

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 1 day(s).

The inspection took place over the following dates and times

From: 08 March 2016 10:00 To: 08 March 2016 14:30

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

This registration inspection was conducted following an application by Nua Healthcare Services to register a new designated centre under the Health Act 2007. The centre is a newly acquired community based home, currently unoccupied. It is intended that five residents will be admitted.

The centre is a large spacious detached house in a rural setting, and considerable work had been done to prepare the centre for occupation, to facilitate the choice of proposed residents, and to plan for the transition.

The proposed designated centre achieved compliance in all of the regulations. There were no actions required following this inspection.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

The organisation has a policy guiding the management of complaints and this procedure was in place in other services of the organisation. There was a designated complaints officer and a system already in place whereby the Director of Services will oversee the management of complaints.

It is intended that each residents will each have their own bedroom, with ensuite facilities. Following discussion with the person in charge the inspector was satisfied that the dignity and privacy of residents had been considered and that appropriate practices would be in place. For example, the practice of using a residents' survey which includes questions on privacy, awareness of risk and assisted decision making, which is in place in other services of the organisation, will be implemented in this new centre.

The person in charge also outlined the systems that should ensure that the rights of residents would be upheld. For example, it is intended that a named advocate who supports residents in other services within the organisation will also support residents in this new centre, and information relating to rights was available for potential residents.

The person in charge outlined a system of weekly 'in house' residents' meetings in place in other services of the organisation which it is intended will also take place in this centre.

The resident who has been identified as being the first to move into the centre had visited the centre on several occasions. They have chosen their bedroom and moved some of their personal items in.

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):

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

Findings:

An assessment template was presented to the inspector which included a section on communication, and a 'communication passport' which would be completed if required by residents. The resident currently identified has a completed transition plan which includes information on communication.

There were arrangements in place in relation to television, radio, telephones and for internet access.

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):

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

Findings:

The person in charge outlined an ethos of welcoming visits from family and friends of residents. In addition, considerable research had taken place in relation to forging links with the local community. For example, there were various clubs available to residents,

including a drama and social group.

Various community facilities were within a couple of minute's drive of the centre, including banks, a health centre and local pubs and restaurants.

The organisation has an 'outreach department' which will take responsibility for sourcing appropriate day time and leisure activities for residents.

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):

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

Findings:

There is a policy in place relating to the admissions, transfers and discharge of residents. This policy includes guidance relating to an 'impact assessment' which it is intended will assess both the needs of intended residents and the needs of any existing residents. A template was presented to the inspector which allowed for all of these issues to be considered.

The area manager who was present during the inspection had overseen the transition of new residents into several other new centres of the organisation, had considerable knowledge in relation to the admission of residents into a new centre, and agreed to submit an admission plan to the Authority.

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

Findings:
Although there were no residents yet residing in the centre, a template for personal plans was presented to the inspector. This included a template which would allow for a thorough assessment of needs, including healthcare, life skills and personal development. The templates were in four main sections, the personal plan, additional information, healthcare and life skills.

The person in charge outlined the plan to implement a quarterly review of goals set for residents, and an annual review of the entire plan, to which families would be invited, according to the choice of the individual residents.

The person in charge outlined the plans to ensure a meaningful day for residents. This included continuing to facilitate any current activities and plans to gradually introduce the choice of new activities.

A transition plan for the new resident was submitted to the Authority prior to the admission. This transition plan included sections on interests, sensitivities, communication and support needs. The provider gave assurances that a personal plan would be completed within 28 days as required by the regulations.

Judgment:
Compliant

Outcome 06: Safe and suitable premises

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

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The proposed designated centre was a large, spacious detached house in a rural setting, but also in close proximity to community facilities.

There were five bedrooms, each of which had ensuite facilities. There was ample storage both in the rooms and in the communal areas. There were two living rooms and a large kitchen, utility room and a pleasant dining area in the conservatory, providing both communal and private space for residents.

There was a large, enclosed back garden, and ample space for parking at the front of the house.

The first proposed resident had visited the house on several occasions, and had been consulted about room choice and décor.

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):

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

Findings:

Arrangements had been made in relation to fire safety. Emergency lighting was in place, as was a panel alarm and fire safety equipment. Certificates of compliance of all equipment were available. The person in charge was aware of the requirement to have a personal evacuation plan in place for each resident. This was submitted to the authority in relation to the proposed resident.

A schedule of fire safety training for any staff who had not yet received this training was available, and an appropriate intended schedule of fire drills was presented.

A site specific health and safety statement had been prepared, and various environmental risk assessments had been completed. A sample of individual risk assessments was presented, which included consideration to all residents of any identified risks, and there was already a system in place within the organisation for the escalation and monitoring of risks, via the regional manager and the clinical team as appropriate. A risk management policy was in place which included all the requirements of the legislation.

Appropriate arrangements had been made for the storage of cleaning equipment and products. A flat mop system and hand sanitisers were in place, and a sample checklist for cleaning tasks was presented.

An emergency plan had been developed and an emergency bag was in place.

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):

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

Findings:

Arrangements had been made in relation to the safeguarding of residents. There was a policy in place in relation to the protection of vulnerable adults, and any staff who were already identified to be allocated to the centre had received training in the protection of vulnerable adults. The person in charge was aware of his responsibilities in relation to the protection of vulnerable adults.

There were plans in relation to the management of residents' finances, including the safe storage of personal money. It is intended that the practice in other centres of the organisation of six monthly audits by the finance department would take place in this centre, and there was a policy in place relating to residents' personal monies and possessions.

There was a policy in place to provide guidance in the management of behaviours that challenge, and a behaviour support team was available to any residents who might require this support.

Judgment:

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):

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

Findings:

The person in charge was aware of his responsibilities under the regulations in relation to required notifications to the Authority.

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):

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

Findings:

The person in charge was aware of his responsibilities under the Regulations to ensure that all efforts would be made to maximise the personal development of residents, and the personal planning template presented to the inspector supported this.

Whilst there were as yet no residents in the centre, the person in charge outlined various options in relation to a meaningful day including local day services, community facilities and local leisure opportunities.

Information submitted in relation to the proposed resident included plans to introduce new activities, and the undertaking to prepare a personal plan within 28 days.

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):

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

Findings:

Structures were already in place to support the potential healthcare needs of residents. The personal planning template allowed for a thorough assessment of needs and associated care plans. Members of the multidisciplinary team had been identified, including a behaviour support team, access to a speech and language therapist, occupational therapist and psychologist. Local services including potential general practitioners and dentists had been identified.

It is intended that all residents will have a quarterly health review as part of the personal planning process.

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):

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

Findings:

The organisation had policies and procedures in place relating to the ordering, prescribing, storing and administration of medication. These policies will guide the practice of the designated centre. A pharmacist has been identified to supply residents with their medications. The inspector reviewed the proposed area for the storage of medication and confirmed that it will be stored in a secure location.

All staff who were proposed to be employed in the centre had received the appropriate training in the safe administration of medication.

The inspector was informed that medication audits would be conducted monthly by governance department to ensure that the practices were safe, and that daily checks of medication stocks would take place.

A medication management assessment template including a self medication assessment was presented.

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):

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

Findings:

As part of the application to register, the provider is required to submit a copy of the Statement of Purpose to the Chief Inspector. The document submitted contained all of the items as required by Schedule 1. The services described to the inspector and the systems initiated to commence operation of the centre were in line with the Statement of Purpose.

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):

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

Findings:

There was a clear management structure in place, and the inspector was informed that existing processes will apply to the new centre, for example, a system of meetings both at strategic and at local levels.

The inspector was informed that a schedule of audits in place in other centres will apply to this new centre, including quarterly audits of personal plans, a weekly managers' checklist and monthly audits of health and safety, medication management and hygiene. There was a plan in place in relation to unannounced visits on behalf of the provider, as required by the Regulations and for an annual review of the quality and safety of care and support to include feedback from residents.

The person in charge was formally interviewed during the course of the inspection, and the inspector was satisfied that he was appropriately skilled, experienced and qualified. He demonstrated expertise and experience in various areas of caring for people with disabilities, provided evidence of continuing professional development and was aware of his responsibilities under the Regulations.

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):

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

Findings:

The area manager has been nominated as the deputy person in charge in the event of the person in charge being absent for 28 days or longer. As the centre is not yet operational this had not been a requirement to date. However the person in charge and the area manager demonstrated their knowledge of the requirement to notify the Chief Inspector in the event of this occurring.

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):

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

Findings:

The centre appeared to be adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

The inspector discussed the intended staffing levels with the person in charge and the area manager, who gave assurances that staffing levels and skills mix would be determined in accordance with the assessed needs of any proposed residents. Assurance was also given that vehicles would be provided in accordance with identified needs. The resident who is identified for admission to the centre has their own vehicle.

The organisation is supported by a maintenance department which will be available to the new centre.

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):

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

Findings:

The inspector was assured that the staffing levels proposed were in line with the Statement of Purpose, and would be allocated in accordance with the assessed needs of proposed residents.

The person in charge has received training in the supervision of staff, and outlined plans to maintain monthly supervision of all staff.

Some staff already employed by the organisation had been identified to be allocated to the new centre. A sample of staff files were reviewed by the inspector, and were found to contain all the information required by the Regulations.

These staff had received training in various areas, including fire safety, the protection of vulnerable adults, safe administration of medications and autism.

A sample roster was submitted to the Authority following the identification of the first resident, and the numbers and skills mix appeared to be appropriate to the needs of the resident identified in the transition plan.

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):

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

Findings:

It was not possible for the inspector to ensure that the documents as required by Schedule 3 were maintained in the designated centre as it was not yet operational. However the provider had initiated systems to ensure that it would be once operational. For example there was a template for the directory of residents.

The documents as required by Schedule 4 were in place, in so far as the centre was not operational. For example, there were records of the number, type and maintenance of fire equipment. There was also residents' guide present and a copy of the statement of purpose. However it was not feasible, as of the day of inspection for a record of food provided to residents to be maintained.

The inspector confirmed that the policies as required by Schedule 5 were present. However it was not possible for the inspector to determine the effectiveness of same as the centre was not yet operational.

Evidence was presented that the centre was adequately insured as required by regulations.

Judgment:
Compliant

Closing the Visit

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

Acknowledgements

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

Report Compiled by:

Julie Pryce
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority