



# Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	The Pines
Name of provider:	Nua Healthcare Services Unlimited Company
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	30 May 2018
Centre ID:	OSV-0005303
Fieldwork ID:	MON-0021976

## About the designated centre

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

This is a service providing care and support to four adults, both male and female over the age of 18 years. The centre provides a 'home away from home' service to the four residents and is managed by an experienced qualified social care professional. There are a team of social care workers and care assistants working in the house who support the residents and ensure their assessed needs are provided for. The house is located in a busy town in Co. Laois, and residents are supported to have meaningful roles in their community. Residents are supported with employment and also supported to frequent local amenities such as barbers, hairdressers, beauticians, pubs, restaurants, cafes and shopping centres. The house comprises of four large bedrooms (some en suite) and are decorated to the individual style and preference of the residents. There is a large well equipped kitchen cum dining room, a spacious, comfortable and homely sitting room, a large communal bathroom and a room providing an office space/sleep over facility for staff. There is a very well maintained back garden area, where residents grow their own flowers, fruit and vegetables.

**The following information outlines some additional data on this centre.**

Current registration end date:	08/12/2018
Number of residents on the date of inspection:	4

## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
30 May 2018	09:30hrs to 14:30hrs	Raymond Lynch	Lead

## Views of people who use the service

The inspector spoke directly with two of the residents for some time over the course of this inspection and had a cup of tea with them. Residents reported that they were very happy in the centre, they saw it as a *'home away from home'*. Residents said they had no issues with any staff member and they loved living there. They also showed the inspector around the house and it was observed that their rooms were decorated to their individual styles and preferences.

Residents reported that they felt respected in the centre, they were more than happy with their living environment, they were knowledgeable on their rights and they were very happy with the range of social activities they engaged in. They also said that staff were very friendly and helpful, they felt they were treated equally. Residents said that they believed they have thrived under the care and support of the centre and most importantly, it felt like a home.

The inspector observed that residents were comfortable in the presence of staff and staff members interacted with the residents in a friendly, person centred and professional manner.

## Capacity and capability

The provider demonstrated the capacity to identify and respond to residents' needs and is so doing was providing a good service to residents. There were management systems in place so as to ensure the centre was adequately monitored and resourced which ensured it was providing individualised person centred services to the residents. In turn, it demonstrated high levels of compliance across the vast majority of regulations assessed.

There was a clearly defined management structure in place with clear and explicit lines of authority and accountability. There was a qualified and experienced person in charge employed in the centre and she was supported in her role by the Director of Operations and the Operations Manager.

The provider ensured that management and staff had the right level of knowledge and expertise to meet the needs of the residents. The person in charge was a qualified social care professional. She had also undertaken a range of additional training programmes and held a qualification in management. She had the skills required for the role of person in charge thus ensuring the centre was appropriately managed and resourced to meet the individual and assessed needs of the residents. She provided on-going support and supervision to her staff team and

ensured they were appropriately qualified and adequately trained so as they had the required skills to provide an individualised, person centred, safe and effective service to the residents.

The Director of Operations and the Operations Manager provided regular and on-going support to the governance and management of the centre and to the person in charge and ensured it was monitored and audited as required by the regulations. The auditing and monitoring processes were thorough and effective, were promoting a culture of safety and quality and were bringing about positive changes to the operational management of the centre. This in turn ensured the service was adapting and changing as required to ensure they were responsive in meeting the individual and assessed needs of the residents.

For example, a recent annual review of the health and safety of care in the centre highlighted that the fire documentation and fire signage systems required review. Because of such audits these issues had been addressed by the time of this inspection. A six monthly audit also identified that more information could be provided in the centre in a service user friendly format. Again, this had been actioned and the issue was addressed by the time of this inspection. The most recent six monthly audit had been conducted shortly before this inspection and it was observed that an in-depth action plan had been developed from this audit, with a plan of action identified as to how to address this actions.

Residents had been educated on their rights and were encouraged to provide feedback on the service they were in receipt of. They were aware that they had the right to seek advice from independent advocates and one had recently met with a representative of a disability advocacy agency for independent support and advice relating to a personal issue.

Residents were also supported and encouraged to speak with their key worker if they had any concerns and were also supported to make a complaint if they wished to do so. Some complaints had been made by residents and were being dealt with to their satisfaction. This showed that the provider was willing to listen to residents and act on their feedback.

Of the staff spoken with the inspector was assured that they had the skills, experience and knowledge to support the residents in a safe, dignified and effective manner. From viewing a sample of staff files the inspector observed that some held third level qualifications and all had undertaken a suite of in-service training courses to include safeguarding, fire training and manual handling. This meant they had the capacity, skills and knowledge necessary to meet the assessed needs of the residents in a person centred, consistent, capable and safe way.

Overall, from speaking with residents, management and staff during the course of this inspection, the inspector was assured that there were systems in place to ensure that the service was being managed effectively and meeting the assessed needs of the residents in a competent and person centred manner. Residents reported that they felt safe in their home and they were extremely happy and content living there.

### Registration Regulation 5: Application for registration or renewal of registration

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

Judgment: Compliant

### Regulation 14: Persons in charge

There was a full time person in charge in the centre, who was a qualified social care professional with significant experience of working in and managing services for people with disabilities.

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

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

Judgment: Compliant

### Regulation 15: Staffing

There were appropriate staff numbers and skill mix in place to meet the assessed needs of residents and to provide for the safe delivery of services. Staff were also supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practices. Of the residents spoken with as part of this inspection, they spoke highly of the staff team.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff had the necessary training so as to ensure they had the skills and knowledge required to support the residents in line with the centres statement of purpose and to meet their individual assessed needs.

Training included the safe administration of medication, safeguarding of vulnerable adults, fire safety awareness, manual handling and autism awareness.

Refresher training was also provided to the staff team.

Judgment: Compliant

## Regulation 23: Governance and management

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

There was a clearly defined management structure in place that identified the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. She was supported by a team of senior managers to include the provider, director of services and assistant director of services.

The centre was also being monitored and audited appropriately so as to ensure the service provided was appropriate to the assessed needs of the residents.

Judgment: Compliant

## Regulation 3: Statement of purpose

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

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

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

Judgment: Compliant

### Regulation 31: Notification of incidents

The centre was notifying the Health Information and Quality Authority (HIQA) as required and in line with S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (The Regulations).

Judgment: Compliant

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

The person in charge was aware of her statutory obligation to notify HIQA should she be absent from the centre for more than a 28 day period.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints policy met the requirements of the Regulations and it was found that the complaints procedures were available in the centre and an easy read format was also made on file.

There was a logging system in place to record complaints, which included the nature of the complaint, how it would be addressed and if it was addressed to the satisfaction of the complainant.

From reading a sample of documentation, the inspectors could see that complaints were being dealt with appropriately in the centre. It was also observed that residents had access to independent advocacy services if or when required.

Judgment: Compliant

## Quality and safety

The quality and safety of care provided to the residents was to a very good standard, residents reported that they felt very much at home and safe in the centre. The inspector was assured that their health, emotional and social care needs were being comprehensively provided for.

Residents were being supported to achieve personal and social goals and to maintain links with their families. Through the process of individualised planning the inspector saw that residents were being supported to secure paid employment independent of the service, undertake work experience in local shops, access and use their the community, undertake educational and training courses to include independent living skills and engage in hobbies/interests of their choosing such as gardening, artwork and woodwork.

Residents were very proud of their garden and were keen to show the inspector the flowers they had planted and fruit/vegetable they were growing. Samples of residents artwork was also on display throughout the house and again they very happy to show their pictures to the inspector.

Regular and as required access to a range of allied health care professionals also formed part of the service provided. Residents had regular access to a GP, dentist, dietician, audiologist, physiotherapist and optician. Hospital appointments were facilitated as required and comprehensive care plans were in place to support residents life a healthy lifestyle.

Residents were also supported to enjoy best possible mental health and where required had access to a range of mental health professionals to include a psychiatrist.

Staff had training in safeguarding of vulnerable adults and from speaking directly with two of the residents, the inspector was assured that they felt safe in their home and that they would talk to management or staff about any issue or concern they may have. It was also observed that there were no restrictive practices in use in this centre.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. The risk management process was also supportive in promoting independence for the residents. For example, after a comprehensive individual needs and risk assessment process, residents were being safely supported to manage their own personal monies and self administer their own medication.

However, a minor issue was identified with some risk assessments as they lacked sufficient detail on some of the mitigating factors on how the centre was supporting residents' independence while at the same time ensuring they were safe. For example, more detail was required on the mitigating factors in place to support

residents to be on their own in the house, without staff support.

There were systems in place to ensure all fire fighting equipment (to include the fire panel, fire extinguishers and emergency lighting) was serviced as required. Staff undertook regular checks on all fire fighting equipment and where required, reported any issues or faults. Fire drills were taking place as required and each resident had a personal emergency evacuation plan in place. This ensured that in the unlikely event of a fire in the centre, there were adequate equipment and procedures in place to evacuate residents in a controlled and safe manner. It was observed that no issues were identified with the last 3 scheduled fire drills in the centre.

There were policies and procedures in place for the safe ordering, storing, administration and disposal of medicines which met the requirements of the Regulations. Where required, staff provided support to residents with their medication requirements however, all residents were supported safely to self administer their medication. As required (p.r.n. medicines), while in use in the centre were not used frequently. There were strict protocols and procedures in place for their administration and they were reviewed regularly. All staff had training in the safe administration of medication and this ensured that they were competent in managing and supporting residents with their medication requirements.

Overall residents reported to the inspector that they felt happy and safe in their home, they were very happy with the service provided, their independence was being supported and encouraged and their health and social care needs were being adequately provided for.

## Regulation 17: Premises

The premises consisted of a 4 bedroom, three storey, detached house based in the midlands in CO. Laois. It was in close proximity to a large busy town which provided access to a range of local amenities such as shops, shopping centres, pubs, cafes, restaurants, churches, fitness clubs, library, barbers and hairdressers.

Each resident had their own bedroom (some en suite) and they were decorated to their individual styles and preferences. There was a large kitchen cum dining room, a separate large sitting room/TV room and a communal bathroom.

There was on street parking to the front and a very well maintained back garden where residents grew their own flowers, fruit and vegetables.

The premises were in a good state of repair throughout, were very well maintained and provided a home like environment for the residents. Residents reported that they loved living there and it was like a *'home away from home'*.

Judgment: Compliant

## Regulation 26: Risk management procedures

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

There was a Health and Safety Statement in place in the centre and there was also a policy on risk management. The Safety Statement and risk management policy were comprehensive and met the requirements of the Regulations.

Management had put together a risk register containing individual risks and each resident had a number of individual risk assessment on their files which detailed any possible hazards the residents may encounter and the actions in place to mitigate such risks. However, some risk assessments required review as they did not adequately identify all mitigating factors in place to ensure the residents safety when alone in the centre.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

The inspector saw that there were adequate fire precautions systems in place to include a fire alarm system and a range of fire fighting equipment such as fire extinguishers, fire blankets and emergency lighting.

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

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

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

Judgment: Compliant

## Regulation 29: Medicines and pharmaceutical services

The inspector found that the medication management policies and procedures were satisfactory and safe.

The medication policy which was a comprehensive document and gave clear guidance to staff on areas such as medication administration, medications requiring strict controls, ordering, dispensing, storage, administration and disposal of medications. The policy was also informative on how to manage medication errors should one occur. It was observed that there had been a minor error regarding the recording of medication however, this had been dealt with and the person in charge discussed the issue with the staff member in questions.

All medicines were kept under lock and key in a secured unit in the centre and any staff member who administered medication was trained to do so. Residents were supported to self medicate and this practice was informed by robust risk assessments and self medication assessments.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

There were policies and procedures in place on the individualised planning process. Residents were being supported to achieve personal and social goals and it was observed that there was both family and multi-disciplinary input into resident's person plans.

Residents were also supported to enjoy a meaningful day engaging in activities of their choosing. Some residents were in paid employment, some were volunteering in a local charity shop and others were attending a range of day services where they engaged in hobbies and/or training of their choosing (such as art, woodwork and life skills training).

A recent audit identified that the paperwork around managing the personal planning process required review however, this review was in progress (at organisational level) at the time of this inspection.

Judgment: Compliant

### Regulation 6: Health care

The inspector were satisfied that residents health needs were being comprehensively provided for with appropriate input from allied healthcare

professionals as and when required.

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

Comprehensive care plans were in place so as to ensure residents could enjoy best possible health. Mental health was also provided for and where required, residents had access to psychiatry support.

Judgment: Compliant

### Regulation 8: Protection

The inspector was satisfied that adequate measures were in place to protect the residents being harmed in the centre.

There were policies and procedures in place on supporting vulnerable people. This was to ensure the residents were protected from abuse of any kind and outlined the responsibility of staff in protecting vulnerable adults, how to respond to such issues and the appropriate reporting procedures.

From speaking with the residents the inspector was assured that they would approach and speak with any staff member (including management) should they have any concerns about any aspect of the care and support they

Staff had training in safeguarding of vulnerable adults.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

# Compliance Plan for The Pines OSV-0005303

Inspection ID: MON-0021976

Date of inspection: 30/05/2018

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>PIC will review and update all residents Individual Risk Management Plans and the Centre Specific Risk Register to adequately identify and ensure all control measures are in place for all risks within the Centre</p>	

**Section 2:**

**Regulations to be complied with**

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

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

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	06/07/2018