Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of designated centre:	The Towers
Name of provider:	Nua Healthcare Services Unlimited Company
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	10 December 2018
Centre ID:	OSV-0005420
Fieldwork ID:	MON-0023771

About the designated centre

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

The Towers is located in a rural setting in county Cork consisting of a main dormer style house that is divided into 3 independent living areas. Two areas are at ground floor level and one is on the first floor. These areas provide long stay placements for adults with complex needs and support who have intellectual disability, acquired brain injury, autism and mental health issues. Within the main house, each independent living area comprises of a living room, kitchenette / dining area and bedroom ensuite. The ground floor also accommodates a staff office, a staff bathroom and a main kitchen. The first floor contains a staff sleepover room and shower room. There is an additional separate building as one independent living area, providing a respite service to a resident under 18 years until 31/12/2018. This comprises of a living room / kitchenette, bedroom / ensuite, staff sleepover room and staff shower / toilet room. All ground floor living areas have direct exit to an external patio area and a large garden area. Separate, but part of the designated centre, is a stand alone laundry building.

The following information outlines some additional data on this centre.

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
10 December 2018	09:00hrs to 16:30hrs	Michael O'Sullivan	Lead

Views of people who use the service

The inspector met all four residents on the day of inspection. Some residents were having breakfast and preparing for their day to attend a day service close to Cork city. All residents were receptive to the inspector and only two had a limited understanding of the inspectors purpose. All residents appeared to understand simple requests and direction but responses were limited in many instances to non verbal communication. One resident did not have English as a first language.

Capacity and capability

The inspector found the service delivered a high standard of care to residents. The inspector found that the governance and oversight arrangements in place supported the high standard of care delivered. The registered provider and staff were responsive to the identified needs of each resident who had complex and varied presentations relating to physical, mental health, intellectual disability and acquired brain injury. Staff were committed to promoting residents' self determination and choice was clearly given to residents. Records of one to one key worker sessions was in easy to read format including resident's rights. It was evident to the inspector that residents were very comfortable with their surroundings and with staff.

The provider's statement of purpose was up to date and reflected the operation of the centre on the day of inspection. The statement of purpose was available to residents. The inspector found that the capacity and capability of the provider to deliver a safe and quality service was supported by a management team and structure that included evidence of regular staff supervision, the full time employment of a person in charge, the delegation of operational responsibility to an on site deputy team leader and the support of a structured out of hours on call system.

The person in charge had extensive knowledge and experience of both the disability sector and the residents within the service. The person in charge was transitioning into a promoted post within the organisation and supporting a newly appointed person in charge who had the necessary qualifications and experience to fulfill the role. The provider was awaiting confirmation of a management qualification relating to the new appointee and the provider was aware that the Authority required such proof. Direct supervision was provided by the director of operations to the new person in charge. There was a clear governance structure in place and staff spoken with were clear on the lines of accountability within the centre and the overall service.

The staff team comprised of social care workers and assistant social care workers.

There were six staff members on duty the day of inspection and four residents present. There were four staff on duty at night time – one awake and one sleeping over for each building. The inspector found the staffing roster was appropriate with a 2:1 staff ratio in place for two residents based on individual assessed needs and risk assessment. The records evidenced appropriate staffing levels historically, currently and planned.

Documented records were observed to be of a good standard. Mandatory training records for fire safety, safeguarding of residents and managing behaviours that challenge were in date and in place for all staff members. Staff attendance at mandatory training was monitored and recorded and renewal of training dates were monitored within the service. Staff had also undertaken training in hand hygiene, basic first aid, manual handling, infection control, medication management and the provision of intimate care. Individual staff records were not reviewed as part of the inspection.

One child resident who was receiving a respite service and was in the process of transitioning to a new service in compliance with the registered conditions of the designated centre. This resident was accommodated in a single, stand alone building with specific dedicated staffing. This resident was in receipt of an off site day service which included elements of educational support. Equipment and facilities provided to the resident were judged to be adequate based on the residents limited but planned length of stay and transition plan, the residents personal preference and the residents capacity to engage with staff. There was no immediate plan to provide a service to a new resident, once the transition and discharge plan was complete.

The provider had undertaken an unannounced review / six-monthly audit of the service in August 2018. There was evidence that the provider had addressed actions arising from the findings of these audits and clear time frames and the named person responsible for carrying out the actions were recorded. The provider also had in place a two monthly operations checklist for the purpose of completing a review of health and safety, hygiene, environment, administration, staff appraisal and compliance with HIQA regulations. These findings were subject to senior management review and actions were delegated to named managers within the designated centre.

All notifications of incidents arising per regulation 31 were notified to the Authority in a timely manner. Appropriate safeguarding actions were implemented by the provider and disciplinary action implemented with evidence of a zero tolerance to poor staff performance. Any recordable incident arising within the designated centre was subject to senior management discussion and scrutiny on a weekly basis, through a defined management governance matrix which was available to the inspector.

Each resident had an individual notice board within their own living area. A residents guide and an easy to read format of the complaints procedure was on display. The provider had a current and up to date detailed complaints policy also available. The current registration certificate was displayed in the main hallway.

Regulation 14: Persons in charge

The provider ensured that a suitably qualified and experienced person was in charge of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that all staff had access to appropriate training as part of their professional development and that all staff were appropriately supervised.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider maintained a directory of residents in the designated centre with the required information specified in schedule 3.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured that the designated centre was properly resourced to deliver effective care and support in accordance with the statement of purpose.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider agreed in writing with each resident, the terms on which the resident resided in the designated centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had a written statement of purpose containing the information set out in schedule 1 which was available to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

Notification of incidents had been made to the Chief Inspector within the prescribed time frames.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had in place an effective complaints procedure for residents which was in an easy to read format.

Judgment: Compliant

Quality and safety

The inspector observed that the quality and safety of the service provided to residents was of a high standard. The designated centre presented as very

welcoming, was warm, bright and clean. Each resident had their own independent living area that comprised of a living room, kitchenette, a single bedroom and en-suite with adequate storage facilities. The centre layout promoted independence, privacy and individual space determined by residents ability and capacity to interact with others and tolerate change. Some residents were observed to have meaningful connection with staff and interaction was respectful, caring and person centred. Resident's demonstrated little evidence of wishing to interact with other residents.

Overall, residents could indicate that they were not unhappy, rather than confirm that they were happy. The staffing ratio allowed for residents to exercise some choice in terms of daily activities and outings, which in turn provided meaning to their day. Residents attended a designated day service on the outskirts of Cork city. Support and continuity of care was provided directly by staff from the designated centre. Residents indicated that favourite activities included swimming and art.

The fire evacuation plan for the centre was current and reflected the nature of the service comprised of three buildings. This plan reflected the dependency needs of residents and was consistent with the personal emergency evacuation plan for each resident. The fire alarm panel and all fire detection systems were inspected and serviced by a registered contractor in 2018. All fire extinguishers had been serviced in October 2018. Staff fire and safety training was in date. Staff conducted and recorded fire evacuation drills. All ground floor residents had the means of direct horizontal evacuation and escape with thumb turns in place on fire exits. A separate boiler house was observed to be in a good state of repair, clean and tidy. The laundry house, which was an independent building and part of the designated centre, was directly linked to the main fire panel of the main building. A number of false activations of the fire alarm system may have accounted for complacency and confusion for some residents, accounting for varying evacuation times. The inspector was assured with the existing staffing ratio in place, all residents could be evacuated safely. The provider also indicated that a tamper proof, key activated fire alarm system was under consideration.

Each resident had an individual care plan and personal plan in place. This included current risk assessments and multi-element behavioural support plans which were comprehensive. It was evident that the action plans and personal plans for residents were not always linked. With the complexity of presentation, and the limited capacity of residents to make their wishes and goals known, this area required greater attention from key staff.

The residents' guide was in place and available on the day of inspection. The updated guide was available to the residents and the inspector. The guide was easy-to-read, colourful and provided a clear summary of the choices for residents. Each resident had a contract in place with the terms and conditions relating to their residency. This was signed by the resident or their representative. Residents demonstrated little ability to partake in service user meetings as a group exercise. Key workers facilitated and recorded individual meetings with residents on a weekly basis, reflective of preferred activities, goals and dietary choices. Two residents were wards of court and there was evidence that one resident accessed national

advocacy services. The provider facilitated a monthly service user committee in its headquarters, however, none of the residents from the designated centre attended.

Each resident had a television in their living area with access to multiple channels. Residents had access to the Internet with staff assistance, support and supervision. Two residents used electronic tablets, one to communicate with their family and one to access memory game functions. Residents also had access to a radio. One resident did not have english as a first language and spoke predominantly in their native tongue. An interpreter attended the centre twice weekly to assist in communication and care planning for the resident. Staff were utilising Yes / No cards to assist communication.

The food prepared on site was observed to be varied, balanced and nutritious. Residents also had access to food within their own living areas which had appropriate storage and refrigerators. Fresh fruit baskets were provided to all residents. The provision and storage of halal food stuffs was facilitated in line with one residents' beliefs and choice.

There was adequate storage in bedrooms for personal items and clothing. Residents had personal effects on display in both their bedroom and their living areas. Each resident could avail of a laundry service within the centre if they so wished and were supported by staff with this task. The laundry facility was to a high standard with clear separation of laundry through designated washing machines. Colour coded cleaning equipment was specific and stored adjacent to each of the two residential buildings. Infection control measures within the centre were to a good standard and hand sanitation solution was available throughout the unit.

The risk management policy was in date and included a response to emergencies. The risk register was up-to-date and subject to regular review. Restrictive practices in the form of environmental controls were recorded in a restrictive practices log and subject to regular review. There was evidence that the least restrictive form of practice was employed by staff and that restrictive practices were as recorded, as well as observed by the inspector on the day. Restrictive practices were actively reducing. Consent for restrictive practices were recorded in residents' care plans. Restrictive practices were discussed at a regular restrictive practices meeting, as evidenced by minutes of the 27th November 2018.

All staff had received training in the safeguarding and protection of residents. Each resident had an intimate care plan in line with the providers intimate care policy.

The person in charge ensured that the designated centre had appropriate and suitable practices in place relating to the ordering, receipt, prescribing, storage and administration of medicines. Medication was stored securely in individually locked cupboards that clearly indicated each resident by name and photograph. Opened, in use bottles, contained a date of opening. All other medications were supplied in named, individualised blister packs. A secure refrigerator was also provided for medication. However, the inspector noted that there were a number of errors of omission which the registered provider was addressing through ongoing audit. Further improvement was required in this area.

Residents had a choice of general practitioner. Residents' healthcare plans demonstrated diligence and follow up in relation to health monitoring and recording. The provider was in the process of conducting a national review of all its residents, to ensure compliance with nationally recommended health screening programmes relevant to some residents.

Regulation 10: Communication

The registered provider ensured that each resident was assisted and supported to communicate in accordance with their needs and wishes.

Judgment: Compliant

Regulation 11: Visits

The registered provider ensured that each resident could receive visitors in accordance with the residents' wishes.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that each resident had access and control over their personal property and there was adequate storage space for such items.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensured that each resident had the appropriate care and support with regard to the nature and extent of their disability, assessment and wishes.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the designated centre was designed to meet the aim and objectives of the service, was in a very good state of repair and was clean and suitably decorated.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge ensured that each resident had adequate quantities and access to wholesome and nutritious food that allowed choice and preference.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had a residents guide available to each resident in an easy to read format.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a comprehensive risk management policy in place that ensured the risk control measures in place were proportionate to the risks assessed and identified for each resident.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that procedures in place and adopted by staff prevented and controlled the risk of healthcare infections.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider ensured that effective fire and safety management systems were in place to protect residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that there were appropriate procedures in place in relation to the ordering, receipt, prescribing and storage of medications. The practices in place for the administration of medication required greater attention and adherence to reduce and eliminate errors of omission.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had an individual care plan in place and the transition plan for one resident was comprehensive, however the person in charge needed to ensure that the action plans and personal plans for residents were better linked and documented.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider ensured that each resident had appropriate healthcare and healthcare measures in place consistent with the residents care plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

The person in charge ensured that all staff had the most up to date knowledge and applied that knowledge to manage behaviours that challenge in the least restrictive manner to residents.

Judgment: Compliant

Regulation 8: Protection

The registered provider ensured that all residents were protected from abuse and addressed all allegations appropriately and with notification to the Authority.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that residents were assisted to exercise their legal rights and were afforded dignity and privacy within their personal living spaces.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Towers OSV-0005420

Inspection ID: MON-0023771

Date of inspection: 10/12/2018

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 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The Person in Charge will implement additional controls in the Centre to minimize occasions of omissions in the Centre. PIC will continue to monitor and conduct regular reviews to ensure all medications are administered in line with Kardex.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: The Person in Charge will ensure that goals set out in personal plans are linked to goals in the action plans. The PIC will review monthly outcomes to ensure the residents wishes are maximized.	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	18/01/2019
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	31/01/2019
Regulation 05(6)(d)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall take into account changes in circumstances and new developments.	Substantially Compliant	Yellow	31/01/2019