



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

Issued by the Chief Inspector

Name of designated centre:	The Towers
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	03 February 2021
Centre ID:	OSV-0005420
Fieldwork ID:	MON-0030861

About the designated centre

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

The designated centre is located in a rural setting. It consists of a main dormer style house that is divided into three independent living areas and a separate building located to the side of the main house, set up as one living area. In the main house, two areas are at ground floor level and one is on the first floor. The service provides long stay placements for adults with complex needs who require significant support for intellectual disability, acquired brain injury, autism or mental health issues. Within the main house, each independent living area comprises of a living room, kitchenette / dining area and bedroom en-suite. 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. The separate building is one independent living area, providing a residential service to one adult resident. This comprises of a living room / kitchenette, bedroom / en-suite, 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, are a stand alone laundry building and boiler house. The registered provider had installed a small shed where staff don and doff personal protective equipment (PPE) on entering and leaving each independent living area. The staff team comprised of social care workers and assistant support workers. All staff are waking staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as 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
Wednesday 3 February 2021	09:30hrs to 16:30hrs	Michael O'Sullivan	Lead

What residents told us and what inspectors observed

On the day of inspection, the designated centre was emerging from an outbreak of COVID-19. The inspector observed that all residents were in good health. Three of four residents had tested positive for COVID-19. In keeping with infection control practices, the inspector met with two of the residents that had tested positive and did not meet with the resident who had tested COVID negative. One resident was met by the inspector when they were outside on an accompanied walk and the inspector wore a surgical mask while maintaining an appropriate social distance. Full personal protective equipment was used by the inspector and staff when meeting one resident indoors in their living area, for 15 minutes.

The inspector observed that both residents were very comfortable in the presence of staff. All engagements were spontaneous, friendly and respectful. The residents living areas were clean, warm and decorated to create a homely atmosphere. All areas had natural light and ventilation.

A resident said that they remembered the inspector from a previous inspection. They stated that they liked living in the centre and that staff looked after them very well. Although semi-retired, they had the choice of a number of day centres and choose which service they wished to attend. They liked to go out in the bus for trips and preferred when another resident accompanied them. They missed attending day activities and community excursions due to the current public health restrictions. The resident reminded the inspector of how many All Ireland's the senior Dublin football team had won and proudly revealed the Dublin football jersey they were wearing. The resident was hopeful that the pandemic and restrictions would end soon so that they could go to a football match and maybe meet some of their football heroes.

A second resident welcomed the inspector into their living area. This resident also indicated that they remembered the inspector from a previous inspection. This resident spoke in their own native tongue and also spoke in English. This resident also communicated in a language that they had made up themselves which combined some of their native tongue. Staff demonstrated a good understanding of what the resident was saying. This resident said that they were much happier living in the designated centre. This resident liked to play music and enjoyed dancing with staff. This resident went to great pains to explain to the inspector that COVID-19 would end soon. This was something they were very happy about and it meant that they could do more activities in the community. The resident showed the inspector the showering facilities and their bedroom which was very clean and very well maintained. The resident had a very large selection of soft toys that they enjoyed. The resident showed the inspector a slow cooker that had a chicken dish cooking in it. The resident was supported by staff to prepare this dish and all residents were going to eat it. The food smelt delicious. The resident was very proud of the food they had prepared. The resident also told the inspector that they were supported by staff to purchase clothing online. They liked to purchase branded tracksuit leggings

and pants.

The inspector observed that residents were very comfortable with the level of support that staff provided. Residents were happier and had settled in well. One resident had made significant gains socially and verbally since the last inspection.

In summary, the inspector found that each resident's wellbeing and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre. The designated centre was both well run and sufficiently resourced to meet the assessed needs of residents. The inspector found that there were systems in place to ensure residents were safe and in receipt of good quality care and support. Through speaking with residents and staff, through observations and a review of documentation, it was evident that the staff team were ensuring that residents lived in a supportive and caring environment where they had control over and made choices in relation to their day-to-day lives.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident living in the centre.

Capacity and capability

The service was well managed and well resourced with one-to-one staff allocated to each individual resident. As a consequence residents were able to engage in activities of choice. Residents had access to their local community and were consulted in the running of the designated centre. Residents were consulted on all matters pertaining to how they wished to live their life. All complaints were dealt with effectively and efficiently. A good level of compliance with the regulations was observed. Staff demonstrated a good degree of care, support and commitment to supporting residents despite the current public health guidelines and restricted access to day services.

The registered provider had in place a statement of purpose that was an accurate description of the service provided. The conditions of registration were clearly outlined and a copy of the registration certificate was on display in the designated centre. The statement of purpose had recently been revised to support the application to renew the registration of the designated centre.

The person in charge was an experienced and suitably qualified person. Communication with the person in charge was either face to face or by mobile phone. The person in charge's commitment to this designated centre was 50% of a whole time equivalent as they also had responsibility for another designated centre. When the person in charge was not in the designated centre, the service was directly supervised and managed by an appointed team leader and a deputy team leader. Both leaders were long term employees and had good knowledge of all four

residents. There was evidence provided to the inspector prior to and during the inspection that local managers acted swiftly in the best interests of residents if employees performance was not to an acceptable standard.

The registered provider had resourced the designated centre with a one-to-one staffing support level for the residents across the 24 hour day. This staffing resource of both social care workers and assistant support workers meant that residents were free to plan their own day, pursuing interests and activities that they wished to do. Staff had all undertaken mandatory training in fire and safety, safeguarding vulnerable adults and managing behaviours that challenge. Staff had also undertaken additional training in relation to the safe administration of medicines, autism studies, safe food preparation and food hygiene, protection and welfare, as well as infection control.

Two sample personnel files were reviewed by the inspector of the most recent staff employed in the designated centre. The staff records were for a social care worker and an assistant support worker. All files contained records of staff contracts, training, certifications, references, photographic identity, birth certificates and current vetting disclosures as required by regulation.

The registered provider had arranged for six monthly reviews of the designated centre which was conducted in February and August 2020. It was clear that residents and their families were involved in this process and their views recorded in the document. The person in charge conducted staff appraisals for all staff and the social care workers provided supervision to the care assistants. Records were available that demonstrated that regular team meetings, management meetings and multidisciplinary meetings were taking place and properly recorded. The annual review of service took place in April 2020. Improvements that were required were highlighted. Examples included issues with fire doors, the decoration of the designated centre and the need for greater accuracy relating to residents healthcare plans. The person in charge was named as the responsible person and it was evident that these matters were addressed within the time frame determined by the reviewer. Resident meetings were facilitated and recorded on a weekly basis. Records reflected that social events, menu planning, concerns and complaints and changes in the designated centre were all regularly discussed with residents.

All complaints were clearly and accurately documented by staff. All complaints were directed to the person in charge who addressed them immediately. The complaints policy was in an easy-to-read version. Satisfaction with the resolution of such matters was recorded in keeping with both the regulation and the registered providers complaints policy. Contact details for a confidential recipient were available to the residents.

The registered provider had in place a directory of residents that contained all the requirements as specified by Schedule 3 for all four residents. All notifications in relation to the designated centre had been made to the Chief Inspector within the 3 days required time frame. Three notifications highlighted by the inspector for follow up had been communicated to the Health Information and Quality Authority (HIQA). On examination, these incidents were observed to have been thoroughly

investigated. The designated officer had been informed in every instance and closure was only effected after instruction from the Health Services Executive safeguarding team.

The registered provider had made an application to renew the registration of the designated centre six months in advance of the current registration end date in compliance with Section 48 of the Health Act 2007. This afforded the protection of the Health Act 2007 to both the residents and to the registered provider.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had made an application to renew the registration of the designated centre six months in advance of the current registration end date in compliance with Section 48 of the Health Act 2007.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had employed a suitably qualified and experienced person in a full-time role.

Judgment: Compliant

Regulation 15: Staffing

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

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that all staff had access to appropriate mandatory training and all training was in date.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had in place a current directory of residents.

Judgment: Compliant

Regulation 21: Records

The registered provider ensured that the records and information in relation to staff complied with Schedule 2 requirements.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider ensured that the designated centre was well managed and resourced to meet the assessed needs of the residents in line with its statement of purpose.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had in place a current statement of purpose which was subject to review.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that the Chief Inspector was notified of all adverse incidents within the specified time frame.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had a clear and effective complaints procedure in place for the residents.

Judgment: Compliant

Quality and safety

This service was person centred and built specifically around the assessed needs and wishes of the residents. The focus of the service was to support the residents achieve as much independence as possible in a safe environment. The two residents who spoke to the inspector spoke highly of their home and the staff team that supported them.

The premises was clean and well maintained internally and externally. Residents were supported and assisted to maintain their own living areas, bedroom, bathroom and kitchen dining areas. Areas were well ventilated and had good natural light. Residents were also supported to do their own laundry. Each living area was homely and recently decorated. There was sufficient room for residents to store personal property, possessions and items of interest.

The residents very much liked the privacy that the separate living areas afforded them. Residents said staff respected their privacy and always knock on their bedroom door. The premises was redecorated to the residents taste and preferences.

It was evident that the residents participated and consented to decisions about their care and support. Recreational activities were determined by the resident and supported by staff. The residents had vehicles that were available and parked outside their home. The residents enjoyed going on day trips and visits to places that interested them. The residents retained photographs of these activities. The residents were free to choose what activity they partook in. Advocacy services and designated advocates were known to individual residents. Staff supported residents to contact advocates and engagements were recorded. Advocacy meetings were confined to telephone calls due to current public health guidelines and restrictions. Residents who had yet to receive an independent advocacy service were maintained on an advocacy waiting list.

Each resident had a comprehensive needs assessment in place. This assessment informed the personal care plan. Personal plans had been reviewed in 2020. Existing

strategies and supports were clearly linked to all aspects of care including restrictive practices. Sensory, dietary and visual plans clearly reflected the complexity of residents presentations. Staff supports were a minimum of 1:1 which ensured residents safeguarding. It was also observed that staff afforded residents privacy if they requested it. Staff would withdraw from the residents living area but ensured that the resident knew how to request their presence again. This practice had been risk assessed. All action plans were clear and concise. Plans were broken down into simple lists outlining residents learning needs to achieve an agreed objective. Each resident had a multi-element behaviour support plan in place and staff records accurately reflected precursors, triggers and settling events for residents. These support plans were subject to review on average six times a year. Each residents personal care plan had been the subject of a multidisciplinary review that involved the resident and their family / representative. Residents had comprehensive healthcare plans in place.

All communication with residents family members was well recorded. Records reflected that staff supported one resident to visit their family. Communication logs also reflected that residents used telephones and virtual forums to talk with and see their families. One resident had the continued use and access of an interpreter twice weekly. The registered provider had a regular newsletter that was available to residents. Areas of interest to residents were included in the publication. Residents were proud of their achievements that were reflected in the newsletter.

The food choices available were determined by the residents. Some days they liked to prepare the food themselves and other days they preferred staff to prepare it. The residents had good supplies of fresh food, dry goods, frozen food and beverages. Residents religious preference and the dietary requirements of their religious beliefs was provided for when sourcing food stuffs.

The residents had a current personal emergency evacuation plan in place that were in an easy to read and understand format. A recent fire drill demonstrated that an evacuation could take place within a safe time frame. The fire detection system, fire extinguishers and emergency lighting had all been certified in the current year by a competent person. The designated centre was subject to daily, weekly and quarterly checks by staff.

The designated centre had suffered a major outbreak of COVID-19. At the time of inspection all residents and staff had made a good recovery. Significant training had been undertaken prior to and subsequent to the outbreak. The spread of infection had been curtailed and not all residents were effected. The importance of infection control practices and good hand hygiene practices particularly in relation to COVID-19 was evident. Training included breaking the chain of infection, introduction to infection control, the safe donning and doffing of personal protective equipment as well as back to work interviews for all staff. The person in charge had undertaken the completion of a self assessment tool pertaining to the registered provider's readiness to respond to COVID-19. One team member had been nominated as the lead worker representative. The resident's exposure to staff was confined to the staff allocated to the designated centre which was separated into the four living areas. Staff crossover was curtailed, however staff that did have to enter another living

area were observed to only do so after changing their PPE. The registered provider had purchased an external shed to have a dedicated area for donning and doffing PPE. Disinfectant foot stations were also in place at each entrance. Staff had an enhanced cleaning regime for frequently touched areas and external cleaning contractors were also employed. All visitors had their temperature taken and recorded and all staff wore full PPE. There was a current and up to date risk register in the designated centre. All risks were particular to the service and the residents. The risk of COVID-19 and its impact on the residents was included. The registered provider had easy to read documents to explain COVID-19 to residents and these were communicated through social stories. The person in charge conducted safety audits in relation to COVID-19 and families were kept apprised regarding safety measures in place. Keyworker sessions documented dedicated sessions with residents explaining current restrictions and the importance of PPE and its use.

Regulation 10: Communication

The registered provider ensured that the residents were assisted and supported to communicate in accordance with their wishes.

Judgment: Compliant

Regulation 11: Visits

The registered provider facilitated each resident to receive visitors in accordance with the residents wishes and in line with current public health guidelines.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge ensured that the residents had access and control to both their possessions and finances.

Judgment: Compliant

Regulation 13: General welfare and development

The registered provider ensured that the residents had both the opportunity and

facilities to take part in education and recreation activities of their choosing.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the premises was designed and laid out to meet the assessed needs of the residents.

Judgment: Compliant

Regulation 18: Food and nutrition

The person in charge ensured that residents were supported to buy, prepare and cook food.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had in place an up-to-date residents guide that was available to the residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider ensured that the arrangements to control risk were proportional to the risks identified within the designated centre.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that the residents were protected from healthcare

infections by adopting procedures consistent with current public health guidelines.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had in place an effective fire and safety management system.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents had a comprehensive individual care plan that they were very much involved in. This care plan was subject to regular review.

Judgment: Compliant

Regulation 6: Health care

The registered provider ensured that the residents had an appropriate healthcare plan in place.

Judgment: Compliant

Regulation 7: Positive behavioural support

The registered provider ensured that therapeutic interventions were implemented with the least restrictive method for the shortest duration of time.

Judgment: Compliant

Regulation 8: Protection

The registered provider ensured that the residents were assisted and supported to

develop knowledge, self awareness and skills to self care and protect themselves.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that the residents participated and consented to their support and care as well as having freedom to exercise choice and control over their daily life.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
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 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	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 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant