



## Office of the Chief Inspector

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

Name of designated centre:	Tulla House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	14 August 2018
Centre ID:	OSV-0005323
Fieldwork ID:	MON-0021504

## About the designated centre

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

The service provided was described in the providers statement of purpose. The centre provided residential care for four adults. The centre consisted of a large two storey, five bedroom house, and was located in a rural location on the outskirts of a small town in county Westmeath. There were spacious grounds surrounding the centre. Each of the residents had their own bedroom. The last inspection in the centre had been completed on the 22 November 2016. The purpose of this inspection was to inform an application by the provider to renew the registration for the centre which is due to expire in January 2019.

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

Current registration end date:	07/01/2022
Number of residents on the date of inspection:	4

## How we inspect

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
14 August 2018	10:00hrs to 18:00hrs	Maureen Burns Rees	Lead

## Views of people who use the service

As part of the inspection, the inspector met with three of the four residents living in the centre and observed elements of their daily lives at different times over the course of the inspection. A number of these residents told the inspector that they enjoyed living in the centre and spending time with staff. The inspector observed warm interactions between the residents and staff caring for them and that the residents were in good spirits. Each of the residents, with the assistance of a staff member where required, had completed a HIQA questionnaire regarding the quality of the service which outlined their satisfaction with the service and the care being provided. The inspector also met with a relative of one of the residents who overall was satisfied with the service but had identified some care and support requirements for their loved one which they felt could have been improved. There was evidence that the person in charge and staff were in consultation with this relative regarding these matters and that management were responding appropriately.

The inspector found that residents were enabled and assisted to communicate their needs, wishes and choices which supported and promoted residents to make decisions about their care. Residents were actively supported and encouraged to maintain connections with their families through a variety of communication resources and facilitation of visits.

Residents were engaged in a good range of activities in the community which were assessed to meet the individual resident's ability and needs. Examples included, work in a local garage and bicycle shop, day programmes as part of the providers outreach programme in areas such as horticulture, visits to local shops and restaurants, and walks in a local community park.

Staff spoken with outlined how they advocated on behalf of the residents and how they felt that each of the residents enjoyed living in the centre.

## Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to the resident's needs.

The centre was managed by a suitably qualified, skilled and experienced person. The person in charge had taken up the position in January 2018 but was on planned annual leave at the time of inspection. She was interviewed at the time of her appointment and found to meet the requirements of the regulations and to have

a sound knowledge of the care and support requirements for each of the residents. She was in a full time post and was not responsible for any other centre. In her absence at the time of this inspection, the inspector met with the deputy team leader. Staff members spoken with told the inspector that the person in charge supported them in their role and supported a culture of openness where the views of all involved in the service were sought and taken into consideration. There was evidence that the person in charge had regular formal and informal contact with her manager.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the director of operations. There was evidence that the director of operations visited the centre at regular intervals.

The provider had completed an annual review of the quality and safety of care in the centre and six monthly unannounced visits to assess the quality and safety of the service as required by the regulations. The providers quality department had undertaken a number of other audits in the centre and there was evidence that appropriate actions had been taken to address issues identified. The person in charge submitted a monthly assurance governance report to the director of operations. This included information on matters such as incidents, restrictive practices and risks.

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. The full complement of staff were in place. A staff communication book and staff handover sheets were completed on a daily basis. On-call arrangements were in place for staff.

Training had been provided to staff to support them in their role and to improve outcomes for the residents. There was a staff training and development policy. A training programme was in place which was coordinated by the providers training department. Training records showed that staff were up-to-date with mandatory training requirements. Other training to meet specific needs of residents had been provided. There were no volunteers working in the centre at the time of inspection.

There were staff supervision arrangements in place. However, supervision for some staff was not being undertaken in line with the frequency proposed in the providers policy. The person in charge provided supervision to the staff team and had completed appropriate training in supervision theory and practice. A sample of supervision files reviewed showed that supervision undertaken was of a good quality which supported staff to perform their duties to the best of their abilities.

There was a written statement of purpose. It set out the aims, objectives and ethos of the designated centre. It also stated the facilities and services which were provided for residents. It contained all of the information required in schedule 1 of the regulations.

## Regulation 14: Persons in charge

The person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and ensure it meets its stated purpose, aims and objectives.

Judgment: Compliant

## Regulation 15: Staffing

The full complement of staff were in place and considered to have the required skills and competencies to meet the needs of the residents living in the centre.

Judgment: Compliant

## Regulation 16: Training and staff development

Training had been provided for staff to improve outcomes for residents. However, some staff were not always receiving formal supervision in line with the frequency specified in the providers policy.

Judgment: Substantially compliant

## Regulation 23: Governance and management

The governance and management systems in place promoted the delivery of a high quality and safe service.

Judgment: Compliant

## Regulation 24: Admissions and contract for the provision of services

There were appropriate arrangements for the admission of residents to the centre. A written contract for the provision of services was in place for each of the residents and met the requirements of the regulations.

Judgment: Compliant

### Regulation 3: Statement of purpose

The centre had a publicly available statement of purpose, that accurately and clearly described the services provided.

Judgment: Compliant

### Quality and safety

Overall, the residents living in the centre received care and support which was of a good quality, safe, person centred and which promoted their rights.

Personal support plans were in place which reflected the assessed needs of the individual residents. Overall, these outlined the support required to maximise individual residents personal development in accordance with their individual health, personal and social care needs and choices. However, monitoring of progress in achieving some goals set were not always evident. Personal plans were not available in an accessible format for residents. Personal plans in place were reviewed at regular intervals with the involvement of the resident's multidisciplinary team, the resident and family representatives.

The residents were each supported to engage in meaningful activities in the centre and within the community. The majority of the residents attended a day service at regular intervals. Staff facilitated and supported the residents to travel to and from their day service and to participate in activities that promoted community inclusion such as, work in a local garage and bicycle shop, day programmes as part of the providers outreach programme in areas such as horticulture, visits to local shops, restaurants, pet farms, aquarium and vintage care show, and walks in a local community park. Individual daily and weekly schedules were in place for residents. Residents had access to a computer and one of the residents had a personal computer in their own bedroom. There was a good range of board games and arts and crafts materials within the centre for resident's use. One of the residents had a keen interest in football and music and an outside room adjacent to the centre was used to store their various instruments and sports gear.

The centre was found to be suitable to meet the resident's individual and collective needs in a comfortable and homely way. Each of the residents had their own bedrooms which had been personalised to their tastes and choices.

Residents' communication needs were met. Individual communication requirements were highlighted in residents' personal plans and reflected in practice.

Communication passports were on file for residents who required same.

The residents were provided with a nutritious, appetizing and a varied diet. The timing of meals and snacks throughout the day were planned to fit around the needs of the resident. A weekly menu was agreed with residents at a weekly meeting.

Overall, the health and safety of residents, visitors and staff were promoted and protected. There were risk management arrangements in place which included a detailed risk management policy, and environmental and individual risk assessments for residents. These outlined appropriate measures in place to control and manage the risks identified. Health and safety audits were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving residents. This promoted opportunities for learning to improve services and prevent incidences.

Residents were provided with appropriate emotional and behavioural support. The inspector found that the assessed needs of residents were being appropriately responded to. There was a good level of detail provided in residents support plans to guide staff in meeting the needs of the individual residents. There was evidence that the providers behaviour support specialist visited the centre at regular intervals to provide support for the residents and staff caring for them.

#### Regulation 10: Communication

The communication needs of residents had been appropriately assessed with appropriate supports put in place where required.

Judgment: Compliant

#### Regulation 17: Premises

The centre was homely, accessible and promoted the privacy, dignity and safety of each resident.

Judgment: Compliant

#### Regulation 18: Food and nutrition

Residents were provided with a nutritious, appetizing and varied diet.

Judgment: Compliant

### Regulation 26: Risk management procedures

Appropriate risk management arrangements were in place.

Judgment: Compliant

### Regulation 28: Fire precautions

Suitable fire safety arrangements were in place.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Personal support plans were in place which reflected the assessed needs of the individual residents. Overall, these outlined the support required to maximise individual residents personal development in accordance with their individual health, personal and social care needs and choices. However, monitoring of progress in achieving some goals set were not always evident. Personal plans were not available in an accessible format for residents.

Judgment: Substantially compliant

### Regulation 6: Health care

Overall, resident's healthcare needs were being met in line with their personal plans and assessments. However, it was identified on inspection that weekly health monitoring prescribed for one resident, by their general practitioner, had not been undertaken for a month preceding the inspection.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents were provided with appropriate emotional and behavioural support.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to keep residents safe and to protect them from abuse.

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
<b>Views of people who use the service</b>	
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Tulla House OSV-0005323

Inspection ID: MON-0021504

Date of inspection: 14/08/2018

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> <li>➤ The PIC to conduct a full review of the Supervision which has taken place in the Centre and review schedule [7 Oct 2018]</li> </ul> <p>PIC will continue to support staff through supervision on a regular basis as per the Centre's Supervision Policy [Ongoing]</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ul style="list-style-type: none"> <li>➤ The PIC and Behavioural Specialist Manager to facilitated a review of Personal Plans [ 10 Oct 2018]</li> <li>➤ PIC will ensure all Residents will have an easy read version of their personal plan [ 10 Oct 2018]</li> </ul>	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <p>PIC will ensure all health monitoring is monitored and recorded as per each Residents Personal Plan [25 Sept]</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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	08/10/2018
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	10/10/2018
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	25/09/2018