



## Office of the Chief Inspector

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

Name of designated centre:	Greenacres
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	12 February 2019
Centre ID:	OSV-0005803
Fieldwork ID:	MON-0025302

## About the designated centre

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

This new designated centre was opened in October 2018 by the registered provider Nua Healthcare. The purpose and function of this service was to provide residential care to three children with disabilities aged between 12-17 years of age. The registered providers statement of purpose highlights clear pre-admission assessment and the provision of a safe, homely, positive and supportive home in Greenacres. The governance model outlined in the statement of purpose cites an experienced staff and management team, clinical governance and oversight and the provision of a high quality person centred service in a 'family/home' environment.

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

Current registration end date:	14/10/2021
Number of residents on the date of inspection:	2

## 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
12 February 2019	08:50hrs to 15:00hrs	Noelene Dowling	Lead
12 February 2019	08:50hrs to 15:00hrs	Conor Brady	Support

## Views of people who use the service

Inspectors had the opportunity to meet with the two children over the course of this inspection. Both children presented as well cared for and content in their home environment. Staff on duty were observed to support the children well in terms of daily living skills, activities, facilitated tuition and social outings. Children briefly spoke with the inspectors about their experiences in the centre which were mainly positive. The inspector joined one child while having breakfast. The children told inspectors that they felt very safe living in the centre, they received good support from their key workers and the manager. The children said they got on well living together and did the activities they enjoyed doing, including going to their tuition and adventure training. The children made some suggestions as to what staff should do when they had difficulties and said they had been able to talk with staff about these. Complaints logs reviewed showed complaints made by the children regarding a resident admitted/discharged from the service.

Home tuition had been organised on the day of inspection for one child while another was observed on their bicycle outside playing over the course of the day. Both children had busy social and recreational calendars which staff ensured they took part in.

## Capacity and capability

The centre was registered to open in October 2018 and this was the first inspection since that time. This inspection was undertaken to ascertain the provider's ongoing compliance with the regulations and standards and the quality and safety of the children's lives. It was also informed by information received by HIQA and communication with the provider in relation to this prior to the inspection.

Overall the provider demonstrated good examples of good governance at provider level with systems for monitoring of care and auditing evident.

Some improvements were required in the areas of admission assessments and decision making around admissions, child transitions, timing of admissions to this service, and protective admission practices. Some improvements were also necessary in the assessment and management of restrictive practices and the contracts for provision of services.

These are detailed in the quality and safety section of this report. Inspectors

acknowledge the fact that the centre is relatively newly opened and this may account for some of the improvements needed. It is also fully acknowledged that the provider is implementing more robust auditing and oversight systems which will ensure that the practices at centre level are implemented according to the providers requirements,

There was a qualified and experienced person in charge in place who worked full-time but is new to the post and responsibilities. Staff numbers and skill-mix were suitable to meet the needs of the children. A high staff ratio was provided which ensured that children had the support they required and could access their activities. While the required ongoing and mandatory training was provided for staff, five of the staff did not have fire safety training until February 2019. This was despite having being recruited prior to the admission of the children which could have placed the young people at risk. The provider gave written assurance that all of the information required for the safe recruitment of staff had been sourced.

Rosters, staff meeting, supervision and performance management systems and records were reviewed and found to be adequate. The person in charge had good records and documentation in place and there was a lot of guidance documentation, policies and paperwork available in both hard-copy and electronically on this inspection. Staff meetings, person in charge meetings, and provider review were all evident on this inspection.

Staff knowledge on the day of inspection was found to be of a very good standard with staff indicating a good knowledge of children's needs, wishes and preferences. Staff presented as very caring and interested in their work and the children presented as happy, comfortable and at ease with staff on duty.

Inspectors reviewed the records of complaints and found that while a number were not fully resolved the appropriate procedure was being used to address them.

The statement of purpose is a crucial document by which the provider outlines the service to be provided and how this will be provided. In this instance the statement did not accurately reflect that this was children's' service and how the care and support was to be provided to the children. There was some ambiguity around the care status of both children on this inspection and the legal status of a child who had been discharged. Inspectors clarified this with the HSE on the day of the inspection and noted that the provider and person in charge should be fully aware of this and all the legislative requirements involved for children in such circumstances.

## Regulation 14: Persons in charge

The person in charge had the required experience and training and was

engaged full-time in the post.
Judgment: Compliant
<b>Regulation 15: Staffing</b>
There was an appropriate number and staffing skill mix on duty to meet the assessed needs of the residents and there were effective supervision systems in place to support staff.
Judgment: Compliant
<b>Regulation 16: Training and staff development</b>
All staff had the required mandatory training at the time of the inspection.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
While there was a clear management structure and lines of accountability in place the findings of the inspection indicate that more effective planning and monitoring is needed to ensure that the service is safe and appropriate to the residents' needs. The findings in reviews of incidents, restrictive practices and admissions demonstrate this.
Judgment: Not compliant
<b>Regulation 24: Admissions and contract for the provision of services</b>
Admissions practices to this centre did not protect residents.  A contract for provision of services was not signed by the child's legal guardian/representative.
Judgment: Not compliant

### Regulation 3: Statement of purpose

The statement of purpose did not accurately reflect that this was a children's service and how the care and support was to be provided to the children.

Judgment: Not compliant

### Regulation 4: Written policies and procedures

There were clear written policies and procedures in place.

Judgment: Compliant

## Quality and safety

Overall the children in this centre were found to be provided with a service that promoted a good level of child-centred care. The children were observed to be content and comfortable with their care.

The children had a good quality of life in the centre. They participated in a lot of activities of their choosing and were well supported with this. Their individual preferences for all aspects of their daily lives were sought and on a day-to-day basis these were facilitated. Inspectors found that staff were very familiar with the children's preferences, their individual likes and dislikes and actively promoted them.

There was evidence that the person in charge had been sourcing additional assessments for the young adults to support their development and ongoing care. Relevant personal support plans were being implemented and although these were not as yet comprehensive this had been identified by the provider in the internal review. Plans were being made, in accordance with the children's ages and abilities, to ensure their education and training were continued. The details as to what steps were required to achieve these goals did require further planning however, in order to achieve the best outcomes for the children. The service was advocating for one child to receive more educational tuition as the child had exited the mainstream school system.

In some instances however, staff did not have sufficient information as to the children's needs, such as why specific medicine was being administered, detailed health care information and updated psychiatric reviews. Given the complexities involved this information and understanding was crucial to the staffs' ability to

intervene and support the children to adulthood. These deficits were not consistent findings however and inspectors acknowledge that the systems are still in progress.

Good health was being promoted with access to dietary advice and staff were seen to be encouraging the children to manage their diets better. Ongoing communication with families or guardians was evident.

There were appropriate systems, in accordance with the legislation, for the protection of children and responding to abusive incidents or allegations which occurred. The provider had acted promptly to address these matters when such issues occurred.

However, the systems for assessing suitable admissions to this centre did not demonstrate clarity in regard to the purpose of the centre or that the provider had the necessary arrangements in place to meet the needs of the young people and protect all residents.

This was found to have a significantly negative impact both on the current children and the resident who was admitted. The transition period was brief, and the admission took place during the Christmas holidays which was a highly emotive time for a child to move. In this instance, due regard was no given to the need for a phased and well structured transition and admission. The provider has acknowledged this in communication with HIQA.

These factors culminated in an emergency discharge for a resident and a significant assault on another.

There were clinical assessments and guidance for the management of behaviours that challenged, available to staff. From a review of a number of critical incident reports inspectors noted that more detail in the reports would enable a more thorough review of the incidents and valuable insight and learning to support the children.

Restrictive practices also required review. There were a number of significant restrictions in place in the centre. These included key-pad locked exit and entrance doors. A number of internal doors also had these locks in place although they had not been activated. Direct physical interventions were used on occasions. Inspectors were informed that these restrictions were implemented for the children's safety. Nonetheless, from the information available to inspectors on the day, there was a lack of adequate assessment of need, circumstances in which they can be used and review of these restrictions, in particular the use of physical interventions, to ensure they were the most appropriate and were not used without appropriate sanction and review.

Fire safety management systems were satisfactory with the required equipment and fire containment systems in place and serviced as required and overall risk was managed appropriately with actions taken to reduce potential risks to the children

<b>Regulation 13: General welfare and development</b>
The provider was ensuring that the children had opportunities for learning and development, education, life skills and recreation according to their age and needs.
Judgment: Compliant
<b>Regulation 17: Premises</b>
Premises provided were furnished and decorated to a good standard. Residents had appropriate space for private and communal community living.
Judgment: Compliant
<b>Regulation 18: Food and nutrition</b>
There was good quality nutritious food provided to residents in line with their needs, wishes and preferences.
Judgment: Compliant
<b>Regulation 20: Information for residents</b>
There were notice boards, reading material, resident consultation meetings and picture format communication systems available for residents.
Judgment: Compliant
<b>Regulation 25: Temporary absence, transition and discharge of residents</b>
A child was discharged from the centre in a hurried and unplanned manner with no opportunity for consultation or to visit the new placement. It is acknowledged

that was in response to an emergency.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

Risk management policies, procedures and practices were in place. Staff spoken with demonstrated a good understanding of the key risk areas prevalent in this centre and the control measures in place.

Judgment: Compliant

### Regulation 27: Protection against infection

The centre was found to be very clean with clear infection practices in place and observed being used.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire safety practices, procedures and equipment was in place, appropriately serviced and in good working order. A fire evacuation drill had been undertaken and successfully completed with all residents.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Systems for the management of medicines were satisfactory.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Comprehensive assessments of the health, personal and social care needs of the residents were not consistently carried out prior to admission.
Judgment: Substantially compliant
<b>Regulation 6: Health care</b>
There was evidence of good access to allied healthcare professionals for the residents.
Judgment: Compliant
<b>Regulation 7: Positive behavioural support</b>
While there was good access to specialist behaviour supports, intervention and guidance, further details and more thorough review of incidents was necessary to assist in learning and alleviation of the causes of behaviour, in order to ensure that all alternative measures are considered before restrictive practices are implemented and that such practices were fully reviewed.
Judgment: Not compliant
<b>Regulation 8: Protection</b>
At the time of inspection, residents were found to be protected from abuse and staff had been trained in the relevant areas of safeguarding and child protection and welfare. Staff on duty demonstrated good knowledge of same.
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	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 3: Statement of purpose	Not compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Greenacres OSV-0005803

Inspection ID: MON-0025302

Date of inspection: 12/02/2019

## 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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> <li>1. Assessments completed prior to admission to include; an Initial Needs Assessment, report and referral review, consultation with family, client, HSE/TUSLA and any CAMHS services involved in the lives of the clients and a risk assessment.</li> <li>2. Location of placement is thereafter discussed by the ADT Committee.</li> <li>3. PIC meets with the client and any other stakeholders and completes a Comprehensive Needs Assessment, an Environmental Assessment and an Impact Assessment.</li> <li>4. Impact Assessment is mindful of current and past behaviours and highlights any potential impacts on other residents. It also identifies resources needed to commence with the admission or if it facilitates the admission being refused, if impacts are deemed to be too high.</li> <li>5. If admission is agreed, a transition plan is developed which affords the new resident time to form relationships prior to admission. This includes spending time with other peers. If negative impacts are evident during the transition, these will be discussed with the residents and a plan developed to manage the extent of the impacts or it may be determined that the risks are too high and the admission process is therefore stopped and an alternative placement may be identified or the resident may be referred back to the HSE/TUSLA to explore alternatives.</li> <li>6. If admission proceeds, a weekly report is submitted to the ADT Committee which highlights progress or any concerns. Resources are identified for concerns and are actioned immediately. This report is submitted for a 12-week duration following admission.</li> </ol>	

Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ol style="list-style-type: none"> <li>1. Initial Needs Assessment- The INA was update to include a question on behaviours likely to disturb peers on admission. Implement on 31st January 2019</li> <li>2. Comprehensive Needs Assessment- The CNA was updated to include a question on behaviours likely to disturb peers on admission. Implement on 31st January 2019</li> <li>3. Transition Plan - Due to the residents being children any new admission into the Centre will have an extended transition plan allowing time to identify difficulties that may only arise following admission.</li> <li>4. Environment Changes - Proposed new entrance door to be fitted to the individual supported living unit of the Centre. Completed on 10th February 2019</li> <li>5. Assessment Process - Full Disclosure Form to be developed and added to the Assessment Process which requires sign-off by all referring agencies, confirming that all information pertinent to the client being referred, is disclosed. Implemented on 15th February 2019</li> <li>6. The Contract for the Provision of Services document in the future will be provided by the PIC and the Admissions Manager who in turn will ensure that the documents are scanned to the child's electronic file and a copy will be retained in the Service User file. A new Contract for the Provision of Services has been signed by the Service User and their legal guardian/representative and a copy will be maintained in the child's file in the Centre. Implemented on 11th March 2019.</li> <li>7. Weekly review of the Centre Specific Risk Register in relation to Safeguarding in the Centre by the PIC to take place for the initial month following a new admission to the Centre.</li> </ol>	
Regulation 3: Statement of purpose	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <ol style="list-style-type: none"> <li>1. The Statement of Purpose will be reviewed in full to ensure that the content reflects</li> </ol>	

that Greenacres is a Designated Centre for Children's Services as well as how services are provided to residents in the realm of therapeutic interventions, educational needs, social needs and general health and wellbeing. This review will ensure it encompasses all information set out in Schedule 1 of the regulations.

2. All staff are made aware of and provided an electronic copy of the Statement of Purpose to ensure that the staff team are informed of the services provided by the Centre. The reviewed version of the Statement of Purpose will also be discussed at the monthly team meeting for April 2019.

Regulation 25: Temporary absence, transition and discharge of residents	Substantially Compliant
---	-------------------------

Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents:

1. The person in charge will ensure that any discharge from the Centre takes place in a planned and safe manner whilst giving the Service User the opportunity for consultation and to visit the new placement when it is safe to do so.

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:

1. Each new Service User will have a Comprehensive Needs Assessment (CNA) which is conducted by the Person in Charge, which will cover assessments of the health, personal and social care needs. The CNA is utilised as part of the formulation and development of the Personal Plan for any new admission.
2. An Environmental Assessment will be undertaken by the PIC that develops an understanding of the environmental needs of the new admission.
3. An Impact Assessment will be carried out to consider the impact of the SU's admission into the Centre and identified all possible impacts and action plans to address the impacts.

Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ol style="list-style-type: none"> <li>1. A Restrictive Practice Register will be held in the Centre and updated on a monthly basis outlining all active restrictive practice measures. This register will be reviewed by the MDT to ensure the least restrictive practice is used for the shortest duration possible.</li> <li>2. All Personal Plan's and Individualised Risk Management Plans will outline the use of any restrictive practice and will be reviewed by both the PIC and MDT.</li> <li>3. All incidents will continue to be reviewed within the Centre by the PIC or a by a member of management with comments and/ or corrective actions detailed upon review of all incidents on Nua Healthcare's reporting system.</li> </ol>	

## 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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	25/04/2019
Regulation 24(1)(b)	The registered provider shall ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.	Substantially Compliant	Yellow	25/03/2019
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident	Not Compliant	Orange	25/03/2019

	is not capable of giving consent, the terms on which that resident shall reside in the designated centre.			
Regulation 25(4)(b)	The person in charge shall ensure that the discharge of a resident from the designated centre take place in a planned and safe manner.	Not Compliant	Orange	25/04/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Not Compliant	Orange	26/04/2019
Regulation 05(1)(a)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.	Substantially Compliant	Yellow	25/04/2019
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	25/04/2019
Regulation 07(4)	The registered provider shall	Not Compliant	Orange	25/04/2019

	ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Substantially Compliant	Yellow	25/04/2019