

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by Nua Healthcare Services
Centre ID:	OSV-0003378
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare Services
Provider Nominee:	Noel Dunne
Lead inspector:	Julie Pryce
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	5
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
18 March 2015 10:00	18 March 2015 19:30
19 March 2015 10:00	19 March 2015 18:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

This inspection of a designated centre operated by the Nua Healthcare Services was conducted by the Health Information and Quality Authority (the Authority) in response to an application from the provider to register the centre. The centre a large spacious bungalow which was appropriate to the assessed needs of residents.. The homes were comfortable and adequate to meet the assessed needs of the residents

As part of the inspection, the inspector visited the bungalow and met with residents, families and staff members. The inspector observed practices and reviewed

documentation such as policies, personal plans, and accident and incident records. The inspector also reviewed questionnaires completed by relatives of the residents.

Overall, the inspector found that residents received a good quality service. There was evidence of a good level of compliance, in a range of areas, with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and this was reflected in a number of positive outcomes for residents.

Some improvements were required in the areas of rights review, medication management and audit, and these are discussed in the body of the report and in the action plan at the end of the report.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that there were practices in place to ensure the preservation of privacy and dignity for residents, for example, staff knocked on the doors of residents' rooms before entering, residents had keys to their rooms and staff spoke respectfully and appropriately to residents.

No rights restrictions had been identified in the designated centre, however the inspector was concerned that not all rights restrictions had been identified. For example, to ensure that one particular resident did not have access to sharp objects, all residents were given plastic cutlery and crockery at all mealtimes. No consideration had been given to the rights restriction that this entailed for residents, and on the day of inspection the resident who was being safeguarded by this process was absent from the centre, and plastic utensils were still given to the remaining residents.

There was a complaints procedure in place which was detailed enough to guide staff, and was available in an accessible version so as to guide residents if required. A complaints log was available to maintain any complaints.

There was evidence of the inclusion of residents in the organisation of the centre, they were consulted both individually and as a group at weekly residents forum. Minutes of these meetings were kept and were available to residents. Residents had signed their personal plans, and were involved in the development of them.

Judgment:

Non Compliant - Moderate

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that communication with residents was facilitated according to their assessed needs. For example, social stories and pictorial sequencing were in place for residents who required them. The communication needs of each resident were outlined clearly in their personal plans.

Residents had access to media including tv, radio and newspapers, and accessible versions of information were available for those who required this, for example the notes from the residents forum.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Links had been maintained with the previous communities of residents, including previous residential houses and family homes. Visits to family homes were facilitated, including the accompaniment of a staff member if required.

Family visits were welcomed and facilitated, and families were invited to all meeting relating to the care and support of residents, including quarterly and annual reviews.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was a signed contract in place for each resident which clearly outlined the services offered by the designated centre, and the fees incurred, and was maintained in the personal plans.

There was an admissions policy in place in sufficient detail as to guide staff. It included a clear procedure both for acceptance of a resident and for the transition of that person into the designated centre. This process included visits and overnight stays if required, and there was clear evidence that this procedure had been followed for recent admissions.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector was satisfied that the care and support provided to residents consistently and sufficiently reflected their assessed needs and wishes. A personal plan was in place for each resident, based on their assessed needs. Areas of care examined by the inspector included an assessment and plan, and the implementation of these plans was recorded. Action previously required relating to staff awareness of personal plans had been addressed.

There was evidence that these personal plans were designed to maximise the potential of each individual, as required by the regulations. For example, goals were set around skills teaching and personal development, and progress towards these goals was monitored and recorded.

There was evidence of a meaningful day for residents in that preferred activities were sourced and supported and hobbies and interests were facilitated. Weekly discussions were held each week between the residents and their key worker at which changing needs were identified and managed.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The premises were appropriate to the assessed needs of the residents, and to the delivery of service in accordance with the Statement of Purpose. The designated centre comprised a large spacious bungalow with an enclosed landscaped garden. There were adequate communal and private areas for residents, each of whom had their own bedroom with sufficient storage, including room for a pet if preferred. Some of the residents were keen to show their rooms to the inspector, and were clearly happy with them.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector found that systems were in place for the prevention and detection of fire. The training records examined showed that there was regular fire safety training for the staff and regular fire drills were conducted. The inspector found that staff were very aware of the fire evacuation procedures and were able to describe the procedures involved. There was a personal evacuation plan in place for all residents and all fire safety equipment had been tested regularly.

There were systems in place for the reporting and recording of accidents and incidents and for the assessment and management of risks. Risk assessments were in place for all identified risks within the centre.

Systems were in place in relation to infection control, hand hygiene training had been made available to staff, facilities were readily available, cleaning equipment was appropriately stored and the designated centre was visibly clean. A recent outbreak of an infectious condition had been well managed.

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The provider had put in place systems to promote the safeguarding of residents and to

protect them from the risk of abuse. The inspector found that staff were knowledgeable in relation to types of abuse, recognising signs of abuse and their role in the safeguarding of residents.

There was a financial management plan in place for each resident and they were supported to maintain their own bank accounts including chip and PIN cards. Any purchases were recorded with a receipt and a signature or two signatures. All balances checked by the inspector, including personal money and household finances were correct.

Positive behaviour support plans had been developed in conjunction with the behaviour support team for all residents who required them. They were based on thorough assessments of need and were detailed enough to guide staff. Implementation of the plans was recorded contemporaneously.

Judgment:
Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector

Judgment:
Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There was evidence that residents had a meaningful day and social activities in accordance with their needs and preferences. Monthly plans were set with residents, which included goals towards achieving independence or maximising potential, for example, teaching new community based skills and facilitating a resident to participate in voluntary work in an area of interest.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that residents healthcare needs were met. Residents had access to healthcare professionals in accordance with their needs, some of which made house calls where this better suited the needs of residents. A nurse was on site once a week, and residents chose their GPs.

Residents' personal plans included a detailed health assessment and action plan, and all assessed health care needs informed a plan of care relating to that need. Delivery of health care was recorded, and regularly reviewed.

The inspector was satisfied that an adequate and nutritional diet was available, and there was access to a dietician if required. Links were maintained with a diabetes clinic where residents required this input.

Residents were involved in the planning of menus each week and their particular dietary requirements and choices were accommodated. Choice was offered and facilitated, and involve the use of communication aids where this would assist residents n choice making.

Judgment:

Compliant

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Outcome 12. Medication Management <i>Each resident is protected by the designated centres policies and procedures for medication management.</i>
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Theme: Health and Development

Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: While there was some evidence of structures and processes in place in relation to the management of medications, some improvements were required. There was a policy in place which contained sufficient detail as to guide staff. A self medication risk assessment had been conducted for each resident in relation to maximising independence. Regular audits of medication management were conducted and there was a system of reporting and recording medication errors. However, there was insufficient guidance for staff in relation to 'as required' (PRN) medications. For example, the instruction for one prescription was 'for agitation'. There was no further information to guide staff as to what was meant by agitation, and the inspector was concerned that this would lead to subjective and inconsistent decision making

Judgment: Substantially Compliant

Outcome 13: Statement of Purpose <i>There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.</i>

Theme: Leadership, Governance and Management
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Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.
Findings: The Statement of Purpose included all the requirements of the regulations and adequately described the service provided in the centre.

Judgment: Compliant

Outcome 14: Governance and Management
The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
The inspector found that the person in charge of the centre was suitably qualified and experienced. She was knowledgeable regarding the requirements of the Regulations and the National Standards for Residential Services for Children and Adults with Disabilities. She maintained a presence in the centre and it was apparent that she was well known to the residents and had good knowledge of their health and support needs. She was clear about her roles and responsibilities and about the management and the reporting structure in place in the organisation.

There was a clear management structure in place, and all staff were aware of this structure. There was a system of meetings within this structure including a weekly 'operations meeting', clinical meetings and management meetings.

There was a system of audits including audits of medication management, behaviour support plans and hygiene. However the provider had not made arrangements for 6-monthly unannounced visits to the centre as required by the regulations.

Judgment:
Substantially Compliant

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The provider and person in charge were aware of when they were required to notify the Authority of absences of the person in charge. There were currently no expected absences.</p>
<p>Judgment: Compliant</p>

<p>Outcome 16: Use of Resources <i>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</i></p>
<p>Theme: Use of Resources</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The centre was well furnished and maintained and adequately equipped to meet the needs of the residents. It appeared to be adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.</p>
<p>Judgment: Compliant</p>

<p>Outcome 17: Workforce <i>There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.</i></p>
<p>Theme: Responsive Workforce</p>
<p>Outstanding requirement(s) from previous inspection(s):</p>

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The inspector was satisfied that the numbers and skill mix of staff was adequate to meet the assessed needs of the residents. Assessments prior to the admission of a resident identified their specific needs, for example, the need for a one to one staff member for a period of the day, and this resource was put in place prior to the admission.

Action required from the previous inspection relating to staff files was completed and the sample of staff files reviewed met the requirements of the Regulations. Training records were examined and appropriate training was found to have been provided. Staff engaged by the inspector were found to be knowledgeable in relation to the assessed healthcare and social needs of residents, and in safeguarding of residents.

A system of staff appraisal was in place, the structure of these appraisals included the monitoring of any previously identified actions.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

All records to be kept in the designated centre as required by the regulations were in place, including all the required information for residents and all documents outlined in Schedules 3, 4 and 5 of the Regulations.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Julie Pryce
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Nua Healthcare Services
Centre ID:	OSV-0003378
Date of Inspection:	18 March 2015
Date of response:	19 May 2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Residents did not always have the freedom to exercise choice.

Action Required:

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

Please state the actions you have taken or are planning to take:

The plastic cutlery and crockery that was in place and identified by the Inspector was referenced in Individual Care Plans and although the Resident for whom regular crockery and cutlery was a risk was absent, other Residents have a history of throwing and breaking crockery and aggression and violence. On the day before the inspection, a new Resident came to live in the centre and although it was too soon for an Individual Care Plan, had a history of severe self-harm and in interview with the Inspector, stated that they would feel unsafe in an environment with regular tableware.

There is a stock of stainless steel cutlery and regular delphware in the centre now to allow for choice when the active risks are judged to be of a suitable level. This is reviewed regularly

Proposed Timescale: 01/05/2015

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Staff were administering PRN medication in the absence of sufficient instruction to ensure that it was administered as prescribed.

Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:

The policy regarding the administration and recording of PRN medication was changed, allowing for a clearer documentation of the reason and rationale for administering psychotropic medication. A new recording sheet, allowing easier review of the steps taken to administer medication used on a PRN basis.

Proposed Timescale: 20/03/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The provider had not made provision for unannounced visits to the centre.

Action Required:

Under Regulation 23 (2) (a) you are required to: Carry out an unannounced visit to the designated centre at least once every six months or more frequently as determined by the chief inspector and prepare a written report on the safety and quality of care and support provided in the centre and put a plan in place to address any concerns regarding the standard of care and support.

Please state the actions you have taken or are planning to take:

Unannounced audits are scheduled into the current Auditing system. The audits are impartial and directed through the current checking system, which references the regulation mentioned. Reports will be furnished, including any concerns and plans to address same, and will be presented to senior management at the Directors' Meeting and then filed and stored both centrally and in each centre.

Proposed Timescale: 05/06/2015