

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Hempfield
Centre ID:	OSV-0003379
Centre county:	Clare
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare Services
Provider Nominee:	Noel Dunne
Lead inspector:	Carol Maricle
Support inspector(s):	Louisa Power
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
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 following notification of a change in person in charge. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 14 October 2016 08:10 To: 14 October 2016 16:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
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 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This was a monitoring inspection carried out to monitor the compliance of the centre with the regulations and standards. This centre was a designated centre that provided a residential service for children and adults aged from 16 years to 23 years.

How we gathered our evidence:

As part of the inspection, inspectors met with four residents living at the centre and a number of staff that included the person in charge, a deputy team leader, a nurse and a number of social care workers and assistant support workers. The inspectors spent time with and observed the residents on the day of the inspection. Some of the residents were unable to tell the inspector about their views of the quality of the service they received, but the inspector observed staff interacting with them throughout the day and they appeared content and well. One of the residents engaged in informal discussion and chat with the inspectors throughout the inspection. The inspectors read and reviewed documentation such as incident and accident records, medication records and personal plans.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations which described the service provided. The statement of purpose identified that the centre catered for four residents of both male and female gender with a diagnosis of autism and or an intellectual disability. The maximum number of residents that the centre could cater for was four. The centre was a detached bungalow with a rear garden. There were four bedrooms, two sitting-rooms, a kitchen and three bathrooms, one of which was designated for staff use only. Three of the residents each had their own en-suite facilities. The centre was located on the outskirts of a town and the residents had access to services in the local community and beyond.

Overall judgment of our findings:

The inspectors were satisfied that the provider had put systems in place to ensure that adequate governance arrangements were in place. Residents received an individualised service that was age appropriate and tailored to their needs. The service was led by a committed person in charge. He had the relevant qualifications and was knowledgeable about the standards and regulations.

Good practice was identified in:

- the personal planning system was effective in enhancing the lives of the children and adults (outcome 5)
- effective medicines management systems were in place (outcome 12).

There were some areas of non-compliance that required improvement:

- the statement of purpose required review (outcome 13)
- the resident guide did not contain all of the information as required by the regulations (outcome 18)

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end

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:

Not all components of this outcome were reviewed.

During this inspection, the person in charge informed the inspector that two of the residents were not yet in receipt of their disability allowance. There was evidence that for one of the residents the issue had been discussed amongst relevant professionals at review meetings and a decision had been made regarding the clarification of the person responsible for processing the application.

The person in charge committed to a full review of the progress to date with each of the resident's application for this allowance and recognised their responsibilities under the regulations in the provision of support to residents to manage their private affairs.

Judgment:

Substantially 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

Theme:

Effective Services

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

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

Findings:

The wellbeing and welfare of residents was supported by a high standard of evidence-based care and support. Residents had opportunity to participate in meaningful activities that were appropriate to their interests and preferences. The arrangements to meet their assessed needs were set out in personal plans that reflected their needs and capacities. Personal plans were written with the participation of the residents. There were systems in place to ensure that residents would be supported when moving from childhood to adulthood.

At the previous inspection, personal plans were not specific as they did not always identify the person responsible for the objectives within the agreed timescales. At this inspection, inspectors found that the personal plans were specific and included this information.

The inspectors reviewed the personal planning documentation in place for each resident. Each resident had a fact sheet in their file that set out key information such as their personal details, next of kin, religion, prescribed medicines, likes and dislikes. The file contained the relevant information pertaining to their assessment of need that was completed prior to and following their admission. Information on the resident's physical health and well-being was set out in a health section. The remaining information focused on the resident's needs in areas such as community inclusion, sensory needs, finances, transport and communication needs. The personal plans were available to the residents in an easy-to-read version with pictures. The plans were reviewed quarterly in addition to a formal annual review. There was evidence that a range of professionals were invited to the quarterly and annual review including the representatives of the residents and these meetings considered a range of issues such as the achievement of goals, the health of the resident, their education and training plans, risk assessments and incidents they may have been involved in. The meeting also considered future plans, goals and actions to be carried out. There was evidence that some of the residents had attended their review meetings.

Key-workers were appointed with responsibilities for the maintenance of personal plans and together with the residents they helped them to set goals based on their needs, abilities and skills. Key-workers tracked progress against goals and actions on monthly outcome records. Each resident had key-working sessions with their key-worker which were documented. There was written evidence that goals were achieved by the residents. Goals were a mixture of practical and aspirational goals which meant that the goals set were in line with children and adults of their own age and abilities. Some of the younger residents were working on internet safety and life-skills in accordance with their age.

An inspector met with a staff member that had previously worked as a key-worker to one of the current residents. She showed the inspector evidence of the resident achieving goals and participating in activities in line with their peers. She used photographic postcards to document the resident's achievements and forwarded these to the representatives of the resident as a way of promoting communication between the resident and their families. Residents were facilitated to meet their friends and there was photographic evidence of some of the residents meeting their friends at indoor play spaces.

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 health and safety of residents, visitors and staff was promoted and respected. There was a minor improvement required in the area of fire safety.

Staff were guided by a safety statement dated 2016 and an organisational health and safety policy. The training matrix confirmed that staff had completed training in manual handling, fire safety, basic first aid, food hygiene, infection control and fire safety awareness in 2015/2016. Staff completed weekly health and safety checks on items such as furniture and fittings, electrical safety and storage of equipment.

A centre risk register was in place and this addressed the risks identified in the regulations. This identified a number of hazards at the centre for example chemicals, the storage of medicines, stress, domestic appliances and assessed the risk of these events occurring while putting in place controls. There was evidence that the risk assessment of these hazards was regularly reviewed by the person in charge. There were also individualised risk assessments in place for each of the children. These addressed a range of hazards such as the risk of infection, risks associated with finances, medicines, nutrition, using the vehicle, refusing medical interventions, self-harm, aggression and unexpected absences. These risks were reviewed every three months.

The incident and accident register was viewed by an inspector. The person in charge and deputy team leader discussed the trends and patterns of the incidents with the inspectors and confirmed that where appropriate multi-element behavioural support plans were put in place. This data was further discussed at regular person in charge

meetings that the person in charge attended and also at clinical meetings that included multi-disciplinary professionals such as a behavioural therapist. The personal plans of the residents were reviewed quarterly and any incidents that the residents had been involved in were also discussed at these meetings.

There were systems in place for fire safety precautions but some improvement was necessary in relation to personal emergency egress plans. The fire alarm panel was serviced quarterly, most recent being August 2016. The emergency lighting and fire extinguishers had been serviced in the 12 months prior to this inspection. Staff completed weekly checks of fire safety systems at the centre. Fire exits were unobstructed on the day of inspection. An inspector reviewed fire drill records which showed that regular fire drills had taken place however, the record did not confirm the name of each child that had attended. The person in charge agreed to include the full name of the children in the records going forward.

Personal emergency egress plans were not in place for the residents. There was individualised evacuation guidance placed on the bedroom door for each of the residents but this was guidance for the child on how to evacuate more so than an egress plan. The person in charge committed to developing personal emergency egress plans following the inspection and reviewing the content of the evacuation notice.

Policies were in place for the prevention and control of infection. The centre was visibly clean and there was adequate hand sanitising and washing facilities. Staff completed infection control training in 2015/2016.

There were three vehicles used to transport residents. Records made available for one of the vehicles in the centre on the day of the inspection confirmed that the vehicle had the required motor tax and insurance. The person in charge showed an inspector records confirming that staff completed weekly safety checks of all three vehicles.

Judgment:

Substantially 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):

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

Findings:

Measures were in place to protect residents from being harmed or suffering abuse. The actions required from the previous inspection were satisfactorily implemented.

There were two policies in place for the prevention and detection of abuse which was appropriate given that both children and adults lived at the centre. The deputy team leader told the inspector that all staff upon recruitment completed training in safeguarding as part of their induction and this was then complemented by the requirement for them to have read and understood all the policies within the centre. The policy and procedure on vulnerable persons included reference the HSE National Guidance on Vulnerable Persons at Risk (2014) and peer to peer abuse.

During discussions with staff members, they were aware of the procedures to be followed in the event of an allegation, disclosure or suspected abuse. They were also aware of their duties and responsibilities under Children First (2011) National Guidance for the Protection and Welfare of Children. There was a designated liaison person as per Children First (2011). The person in charge and deputy team leader were aware of the role of the Tusla social worker and facilitated Tusla social workers in this regard when they visited children living at the centre. There were systems in place to ensure that any incidents of a child protection nature were dealt with in accordance with this guidance and the appropriate statutory agencies were contacted.

Concerns of a child protection nature and or adult safeguarding that had arose in the 12 months prior to this inspection had been appropriately forwarded on to the relevant statutory agencies. There was evidence that staff put in place safeguarding measures to protect residents.

Residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenged. There was a policy in place for behavioural support. The core staff team were trained in the management of acute and potential aggression. There was a behavioural therapist employed by the provider available to the team and they had come to the centre to meet and observe the residents and meet with staff. This therapist also came to personal plan reviews. Staff knew this post-holder well and told the inspector that they felt supported in their day to day work and welcomed their involvement.

Residents had individualised guidance set out in their files for staff to follow when supporting them in their behaviour that challenged. These plans reference pro-active, active and reactive strategies. Multi-element behavioural support plans were in place where required for behaviours that challenged. There had been some incidents of peer to peer aggression in the 12 months prior to this inspection. Staff responded appropriately to each incident and assessed the level of injury. They subsequently forwarded the relevant information to appropriate agencies and representatives. They used social stories with the residents helping them to develop more awareness of their behaviours.

A restraint free environment was promoted at the centre and staff were guided by a policy on restrictive procedures. There were a number of environmental restrictive

procedures in place for safety reasons such as the locking of the front gate as it led to a busy road and window restrictors. There was no use of chemical restrictions at the centre. Where necessary, staff used reactive strategies when dealing with behaviour that challenged and these were reviewed by the person in charge and behavioural therapist.

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:

Residents had opportunities for new experiences, social participation, education, training and employment which were facilitated by staff and supported.

During the inspection, all of the residents were engaged in school or in a daily activities programme suitable to their needs. They were facilitated to attend school and or work by staff who provided the transport needed.

The personal planning system in place for each resident encompassed an assessment of their abilities and strengths in relation to their education and learning. The children living at the centre attended a local specialist school. The person in charge was cognisant of the level of hours that one child was spending at school which was low and confirmed that he was in contact with the school and all were open to increasing these hours as the child became used to the school routine. Staff confirmed good communication between them and professionals at school.

Each of the adult residents were engaged in an individualised adult learning programme that was based on a formal assessment. Staff from the centre and external agencies were involved in the delivery of these programmes. One of the residents worked in the community each week on a supported employment programme. Another resident was visited at the centre by professionals delivering art and music therapy. Staff discussed with inspectors examples of educational opportunities they provided to residents as part of these individualised programmes.

All residents were involved in developing practical skills in the home, in areas such as baking, cooking, money management and personal care. All residents were involved in

social activities both within and outside of the centre. They had varying interests in activities and attended activities such as swimming, shopping, surfing and playing pool. Some of the residents participated in activities that promoted their independence in accordance with their age such as travelling alone.

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:

Residents' healthcare needs were met through timely access to health care services and appropriate treatment and therapies. A medical practitioner of their choice was available to each resident and an "out of hours" service was available if required. Inspectors saw that residents were reviewed by the medical practitioner regularly. There was clear evidence that there treatment was recommended and agreed by residents, this treatment was facilitated. Residents' right to refuse medical treatment was respected.

Where referrals were made to specialist services or consultants, inspectors saw that staff supported residents to attend appointments. In line with their needs, residents had ongoing access to allied healthcare professionals including psychiatry, optical, audiology, dietetics, dental, speech and language therapy, chiropody and occupational therapy.

Residents were encouraged and enabled to make healthy living choices in relation to exercise, weight control and healthy eating. Residents' weights were monitored on a monthly basis and staff had made interventions and referrals, where appropriate. Residents were encouraged to be active through going for walks, swimming and trampolining.

Residents were encouraged to be involved in the preparation and cooking each meal. A choice was provided to residents for all meals. The meals outlined by staff and residents were nutritious and varied. There were ample supplies and choice of fresh food available for the preparation of meals. Outside of set mealtimes, residents had access to a selection of refreshments and snacks. Residents were encouraged to prepare their own refreshments and snacks. There was adequate provision for residents to store food in hygienic conditions.

Residents and their representatives were consulted about and involved in the meeting of

their own health and medical needs. Health information specific to residents' needs was available in an easy read format.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

Medicines for residents were supplied by a local community pharmacy. The person in charge outlined that the pharmacist was facilitated to meet obligations to residents in accordance with the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. There was a medicines management policy which detailed the procedures for safe ordering, prescribing, storing, administration and disposal of medicines.

Staff demonstrated an understanding of medication management and adherence to guidelines and regulatory requirements. Medicines were stored securely. Medicines requiring refrigeration were not in use at the time of the inspection and a process was in place to ensure the safe and appropriate storage of these medicines, if required.

The management of medicines requiring additional controls was in line with the relevant legislation. Safe and appropriate storage was provided. A register was maintained which outlined the receipt, administration and return or transfer of these medicines to ensure the chain of custody was maintained. The running balance was maintained and checked at each transaction by two staff members, in line with the centre's policy.

A sample of residents' medication prescription and administration records was reviewed by an inspector. Medication administration records identified the medications on the prescription and allowed space to record comments on withholding or refusing medications. The inspector saw that the medication administration records indicated that medicines were administered as prescribed.

Inspectors saw that no resident was managing his/her medicines at the time of the inspection. The medicines management policy outlined that residents were encouraged to take responsibility for their medicines, in line with their wishes and preferences. A comprehensive and individualised risk assessment was completed for each resident which took into account cognition, communication, reception and dexterity. Appropriate

controls were outlined in the policy to ensure that the practice was safe.

The person in charge outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. A written record was maintained of the medicines returned to the pharmacy which allowed for an itemised, verifiable audit trail.

There was a checking process in place to confirm that the medicines received from the pharmacy correspond with the medication prescription records. Stock levels were checked and reconciled on a weekly basis to identify any errors or discrepancies.

An audit of medicines management was completed on a weekly basis. The audit examined the aspects of the medicines management cycle including administration, documentation, storage and disposal of medicines. The audit also included the management of medicines that require additional controls and refrigeration. The audit identified pertinent deficiencies and actions were completed in a timely fashion.

When residents left the centre for holidays or days out, a documented record was maintained of the quantity and medicines given to the resident and/or their representative. This record was signed by staff and the resident and/or their representative. A similar record was maintained when the resident returned to the centre and the quantities were reconciled by staff.

A sample of medication incident forms were reviewed and the inspector saw that errors were identified, reported on an incident form and there were arrangements in place for investigating incidents. Learning from incidents was clearly documented and preventative actions were seen to be implemented.

Training had been provided to staff in relation to medicines management. A system was in place to assess the competency of staff who administer medicines.

Judgment:
Compliant

Outcome 13: Statement of Purpose

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.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

At the previous inspection, the statement of purpose was found to not contain all of the required information under Schedule 1.

At this inspection, the inspectors found that the statement met the majority of the required information under Schedule 1 but a number of improvements were required. The statement set out the aims and objectives of the service, the service user it catered for and the facilities and services it provided. It was kept under review. There was an easy to read pictorial version of the statement of purpose available to the residents.

However, it did not state the arrangements for visits between a child in the care of the State and their Tusla appointed social worker. There was reference to education but there was not sufficient information on how a child or adult would access education, training and employment. There was no reference to the role of the deputy team leader in the staffing complement. The layout of the centre was set out in narrative format but it did not include all of the rooms of the centre, for example, it did not make reference to the second sitting-room located on the first floor nor a bathroom used by staff which was situated off the utility room.

Judgment:

Substantially 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):

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

Findings:

The quality, care and experience of the residents was monitored and developed on an on-going basis. Effective management systems were in place to support and promote the delivery of safe, quality care services. There was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified person with authority, accountability and responsibility for the provision of the service.

At the previous inspection, anomalies were highlighted in relation to safeguarding and

documentation. A written report of an unannounced visit by the registered provider was not made available to inspectors. An annual review was not made available. At this inspection, there were no anomalies found by inspectors. The inspectors were shown evidence of unannounced inspections conducted by the provider or their nominee in the previous 12 months. The inspectors were given a copy of the annual review from the previous year.

There were effective auditing systems in place. The provider had made arrangements for the centre to have unannounced visits to the centre every six months and the findings of these visits were shown to the inspectors. The person in charge showed inspectors the computerised system in place that outlined findings and actions required from these inspections which he was then obliged to close off by dealing with the action himself or delegating to staff. He told the inspector that delegating tasks to staff was a way of involving staff in the auditing process. There were also other audits that took place at the centre. Medicines management and hygiene was audited every six months and the results of these audits were shared with staff at staff team meetings. Personal plans were reviewed once a year. A nurse employed at the centre conducted weekly medicines management audits.

The provider produced an annual report on the service for 2015, a copy of which was shown to the inspector. The template of the annual report for the year ahead was also shown to the inspectors. The annual report for 2015 did not however sufficiently state the views of the resident and or their representatives of the service.

There were arrangements in place for staff to exercise their personal and professional responsibilities for the quality and safety of the service they delivered. There were monthly staff meetings held during which key-workers summarised progress to date with each of the residents in their personal planning. A number of policies were also discussed at each meeting with staff. Staff were supervised on a day to day basis by the deputy team leader and the person in charge. They also attended monthly formal supervision where their practice with residents amongst other issues was discussed.

There was a clearly defined management structure in place. Staff reported to the deputy who in turn reported to the person in charge. The person in charge reported to an area manager. Staff knew the management structure. There were on-call arrangements in place.

There was a full-time qualified person in charge of the centre who had worked with the provider for the previous two years. He had a very good knowledge of the regulations and standards. There were appropriate arrangements in the event of his absence and a full-time deputy team leader was in place. The inspectors met with the deputy team leader who had a very good knowledge of the residents and staff. She was fully involved in the management of this centre.

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

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

No actions were required from the previous inspection.

Findings:

There were appropriate arrangements in place in the event of the absence of the person in charge.

A deputy team leader was in post full-time at the centre. She was fully involved in the management of the centre. She would cover for the person in charge in the event of an absence that was less than 28 days. The person in charge was aware of the need for the provider to notify HIQA of the name of the staff member within the organisation who would cover for the person in charge in the event of an absence of 28 days or more.

Judgment:

Compliant

Outcome 17: Workforce

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.

Theme:

Responsive Workforce

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

No actions were required from the previous inspection.

Findings:

There were appropriate staff numbers and skill mix to meet the assessed needs of the residents and the safe delivery of service. Residents received continuity of care. Staff had up-to-date mandatory training and access to education and training to meet the needs of residents. Staff were supervised and supported on an appropriate basis.

There were adequate staff numbers with the right skills and qualifications required to

meet the assessed needs of the residents. Upon arrival to the centre and in the absence of the person in charge and deputy team leader staff were very clear about the running of the centre and the needs of each of the residents that day. Staff were observed sharing pertinent information with each other on the residents and on the day ahead. The staffing levels observed on the day of the inspection were adequate and care was delivered in a timely manner and to the pace of the residents. Staff were observed being warm in their interactions with the residents and engaged in plenty of discussion, laughter and chat with the residents about their day ahead and any other topics the residents wished to discuss. The residents appeared very at ease with the staff.

The inspectors reviewed a sample of staff rosters. These showed that a core team was in place at the centre. There was a number of relief staff used but the rosters showed that it was the same group of relief staff that covered gaps in the shifts where required. Each night there was one waking-night staff and one staff member that did a sleep-over.

Staff were supervised in their role. The person in charge and deputy team leader supervised the staff on a day to day basis and also engaged in formal supervision with each staff member each month. An inspector reviewed a sample of these supervision sessions and they were found to contain reference to the staff member's practice with the residents, their work performance, their training needs and other matters relevant to the post. There were contracts in place ensuring that the supervisor and supervisee had agreed terms of reference. The person in charge was clear about the need to supervise relief staff in addition to the core team.

Staff completed training relevant to their post. During this inspection, the inspectors viewed evidence of a range of courses attended by staff. Some of the courses were completed by staff as part of their induction to the organisation. There was evidence that staff attended other courses such as a recent in-house course on communication methods delivered by a speech and language therapist. Staff also attended a course on autism and asperger syndrome in 2015/2016. There was evidence that regular relief staff also took part in continuing professional development.

Personnel files were not stored on-site however the person in charge gave written evidence to the inspectors confirming that the personnel files contained the elements required by Schedule 2 of the regulations. This included a review of the documentation of a relief staff member. One staff member was registered with a relevant professional body, the details of which were forwarded to the inspector following the inspection.

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):

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

Findings:

This outcome was not inspected in full. At the previous inspection, significant anomalies were seen in some documentation. At this inspection, the inspectors did not view any such anomalies in the documentation viewed.

The inspectors viewed evidence of contemporaneous record keeping. There was also evidence that auditing teams nominated by the provider to visit the centre viewed documents as part of the auditing process such as the personal planning documentation.

The directory of residence was viewed by an inspector. The information was mostly in order and contained a small number of gaps that the person in charge corrected on the day of the inspection.

The resident guide was viewed by an inspector. The information mostly matched the requirements of the regulations. It did not inform the resident of how they could access a copy of an inspection report of the centre. The person in charge committed to reviewing the guide immediately following the inspection and a up-dated resident guide was forwarded to HIQA containing this information. The guide did not however include the arrangements for residents to be involved in the running of the centre.

Judgment:

Substantially 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:

Carol Maricle
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-0003379
Date of Inspection:	14 October 2016
Date of response:	01 December 2016

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

There was insufficient evidence to show that staff were supporting the financial affairs of some of the residents in assisting them with their application for disability allowance to which they were entitled to receive.

1. Action Required:

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

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

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

Application for disability allowance to be made for resident ID094 and bank account to be set up. A bank account to be set up for resident ID156 and disability allowance to be transferred to this account from family.

Proposed Timescale: 16/12/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Residents did not have individualised personal emergency egress plans. Evacuation notices placed inside the bedrooms of residents asked them to stop and wait for staff assistance in the event of a fire-this guidance required review by the provider.

2. Action Required:

Under Regulation 28 (2) (b) (ii) you are required to: Make adequate arrangements for reviewing fire precautions.

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

Implement individualised personal emergency egress plans for all residents and update evacuation notices placed inside bedroom doors.

Proposed Timescale: 16/12/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

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

The statement of purpose did not include all of the information required under Schedule 1 of the regulations.

3. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Statement of purpose will be updated to reflect the information set out in Schedule 1 of the Health Act 2007.

Proposed Timescale: 16/12/2016

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 annual review of 2015 did not outline the viewpoint of the residents and or their representatives.

4. Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

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

The annual review for 2016 will reflect residents and representative's views.

Proposed Timescale: 06/01/2017

Outcome 18: Records and documentation

Theme: Use of Information

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

The resident guide did not provide information to residents on the arrangements for them to be involved in the running of the centre.

5. Action Required:

Under Regulation 20 (2) (c) you are required to: Ensure that the guide prepared in respect of the designated centre includes arrangements for resident involvement in the running of the centre.

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

The residents guide will be updated to inform residents on their involvement of the running of the centre.

Proposed Timescale: 16/12/2016

