

**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-0005350
Centre county:	Co. Dublin
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare Services
Provider Nominee:	Noel Dunne
Lead inspector:	Raymond Lynch
Support inspector(s):	Paul Pearson
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	4

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 1 day(s).

The inspection took place over the following dates and times

From: 31 March 2016 09:30 To: 31 March 2016 17:00

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 was the centre's first inspection by the Authority. The purpose of this inspection was to inform a decision of registration under the Health Act 2007 following an application for registration as a centre for four adults with a disability. There were presently no residents living in this centre as it was not operational as yet. All proposals outlined and plans agreed will be checked and verified at the next inspection.

The inspectors reviewed the proposed documentation to be used such as care plans, logs, policies and procedures. The person in charge was available on the day of inspection and the inspectors spoke with her throughout the course of the process.

The inspectors also met with the regional manager of services. Both were found to be knowledgeable of their remit to the Health Act and Regulations.

Plans were in place to ensure that the health needs of residents would be provided for. Residents would have access to a general practitioner (GP) services of their choice and to a range of other allied health care professionals. The person in charge discussed arrangements in place to meet the social care needs of the residents and to ensure that residents had opportunities to participate in activities appropriate to their interests and preferences. Proposed medication management practices were in order.

The health and safety of residents and staff would be promoted in the centre. A fire alarm system was in place and in working order. Adequate fire equipment was in place and staff had received appropriate training. However, the inspectors observed that some fire doors did not close completely and some sealants needed to be replaced. The person in charge and the regional manager assured both inspectors that this would be addressed as a matter of priority.

From a sample of files viewed, the inspectors saw that all proposed staff had received their mandatory training and staff files were complete. A robust recruitment procedure was in place. Some staff would require training in the administration of rescue medication, however the person in charge assured inspectors that this would form part of their induction to the centre and all staff will have undergone this training prior to the centre opening.

These are discussed further in the report and in the action plan.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspectors were satisfied that the rights, privacy and dignity of residents would be promoted and residents' choice would be supported and encouraged.

The inspectors reviewed the complaints policy and found that it met the requirements of the Regulations. In addition the complaints procedure was clearly displayed in a prominent position and in an easy read format. The policy was last reviewed in January 2016 and clearly identified who the complaints officer and deputy complaints officer was for the centre. Contact details of both were also available. The inspectors observed a sample of a complaints log and saw that it contained adequate detail with regard to recording a complaint, the investigation process, actions required to address the complaint and the level of satisfaction regarding the outcome of the complaint.

The inspectors reviewed the policy on independent living, which was updated in January 2016. The purpose of the policy was to ensure optimum living arrangements so as each resident could reach their full potential. The person in charge told the inspectors that there are a number of ways to support this, one being that weekly residents' meeting would be supported and facilitated. These meetings include discussions on items such as the menu for the coming week, household responsibilities, house activities and planned outings. Minutes of such meetings would also be kept on file. The person in charge also informed the inspectors that residents would be supported to buy the weekly groceries and to prepare and cook their own meals.

The centre had a policy on Advocacy which detailed that each resident would have access to an advocate in accordance with their wishes to assist with decision making,

making a complaint or any situation related to financial abuse. The policy was reviewed and updated in January 2016. Information was publically displayed on how to access independent advocacy services if required. The person in charge informed the inspectors that she would be in contact with an advocate once the house was in operation to invite them to the centre to speak about advocacy with both residents and staff.

Comprehensive transitional plans were in place for each resident that was to move into the centre. Some of the residents had already viewed the house and chose their own bedrooms. This was further discussed under Outcome 5: Social Care Needs.

Judgment:
Compliant

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):

This was the centre's first inspection by the Authority.

Findings:

The inspectors were satisfied that residents would be supported and assisted to communicate in accordance with their assessed needs and preferences. There was a policy on communication available in the centre which had been reviewed and updated in 2016.

Residents' communication needs would be identified in the personal planning documentation and supports put in place where needed. The person in charge described how communication passports would be developed for residents if required which would contain very detailed person centred information such as 'all about me', 'special people in my life' and 'how I communicate'.

The communication needs of each resident would also be assessed and facilitated in the transitional plans to support each residents' move to the centre. The person in charge informed the inspectors that all residents moving into this centre were able to communicate their needs as they were all verbal and the centre was described as a low support service.

A lot of the information however was available in an easy to read format and the person in charge assured inspectors that if required all residents would have access to the services of a speech and language therapist (SALT).

Where requested internet access could be provided and there were adequate radios and TV's throughout the centre. Inspectors were also informed that all bedrooms were equipped for the installation of TV's and DVD players.

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):
This was the centre's first inspection by the Authority.

Findings:
From the information available the inspectors were satisfied that families and friends would be encouraged to be involved in the lives of the residents.

The person in charge outlined how staff would facilitate residents to maintain contact with their families. This included access to phone facilities, transport home if needed and family invitations to events in the centre. From speaking with staff inspectors were assured that residents would be facilitated to visit family member or receive visits from family and friends if they so wished.

Staff told inspectors that the residents would be moving closer to their family homes/local areas from their current residence. Staff were positive that this move would allow for residents to maintain links with families and their community.

Inspectors were satisfied that there was sufficient space available in the house to facilitate residents to receive visitor in private if and when required.

Staff also informed the inspectors that regular and frequent contact would also be facilitated and maintained between residents and their families and friends in accordance with their wishes.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspector saw that there was a robust system in place regarding admission to the centre. There were policies and procedures in place to guide the admissions process.

The person in charge outlined her proposed plans for admitting new residents including the comprehensive and individualised supports that will be available during the transition period. This included prospective residents attending for a meal, meeting the staff and choosing their room and bed linens etc. These were discussed in greater detail under Outcome 5: Social Care Needs.

Written agreements were to be in place outlining the support, care and welfare of the residents and details of the services to be provided and where appropriate, the fees to be charged. The inspectors read the document which detailed charges to be applied for services provided.

However, the policy on admissions, which was updated in January 2016 stated that residents would pay for 33% of staff costs on social outings and holidays. On enquiring about this, the person in charge and regional manager said that in practice this rarely happened and that such costs were usually provided for from the household budget. The person in charge informed inspectors that the only time a resident might incur this 33% cost would be if they wanted more than one holiday in the same year. For example, if a resident wished to go on two sun holidays in the same year they may incur the additional cost for the 2nd holiday. The contracts of care did not deal with this which could lead to inconsistencies in the way residents were charged.

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 services and between childhood and adulthood.

Theme:

Effective Services

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

This was the centre's first inspection by the Authority.

Findings:

The inspectors were satisfied that, when implemented, the care and support as described would be consistent and sufficiently provide for the residents' assessed needs and wishes.

The inspectors reviewed the policy and procedures for personal planning which informed that each resident would be supported by a comprehensive personal plan that would be reviewed accordingly, taking into account any developments in the residents' lives. The policy clearly stated that each resident would be involved in their personal planning process and outlined the responsibilities of staff members in supporting the residents with their personal plans. The policy was last reviewed and updated in January 2016.

A sample of a personal plan was viewed and the inspectors found that it was comprehensive and when completed would identify each resident's care needs and proposed plans to address those needs. For example, the plan took into account the residents overall health and well being, daily occupation, how community inclusion would be supported, independent living skills, goals to be achieved, advocacy requirements, transport needs, cultural and religious needs, family members and other people who are important in their lives.

Each resident was to be assigned a key worker and there would be regular meetings between the key worker and resident. Personal plans were also to be reviewed on a three monthly and annual basis. Daily records were also to be maintained of the how the residents spend their day.

The person in charge discussed with inspectors how residents would be supported in transitioning between services and that out of the four residents to move into the centre, three were already living together in a different part of the service. She also informed inspectors that the three individuals currently living together had already been assessed for compatibility and no issues were identified. Two residents had already been supported to visit the centre and had chosen their bedrooms.

Transitional plans for all residents would be completed or where required reviewed and updated and an impact assessment would also be completed. The inspectors viewed a sample of transitional plans and saw that they were comprehensive and informative of how best to support a resident transitioning into the centre. Consideration was given to each resident's likes, strengths and interests, any sensitivities they may have, their communication needs, transport requirements, social activities and ability to manage change.

Once these were assessed a range of supports were then put in place to support the transition. For example, if required a visual countdown calendar could be used to support the timeframe of the transition, visits to the centre to have dinner prior to moving in can be facilitated, family members could be facilitated to visit the centre with their relative prior to moving in and bedrooms could be chosen in advance. The person in charge and the regional manager of services informed both inspectors that these interventions were facilitated in order to provide for a smooth and safe transition for each resident into the centre.

A document called 'my hospital passport' would also be developed for each resident. This would contain useful information such as personal details about the resident, aids and assistive devices used, care requirements, communication needs and medication requirements.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspectors found that the centre was suitable and safe for the proposed number of residents. The centre was homely and very well maintained. Extensive renovations had taken place including the addition of a spacious sun room to the back of the centre.

Each of the four residents was to have their own bedroom, three of which had en suite facilities. There was also a communal bathroom that contained a large Jacuzzi and adequate showering facilities.

The centre had a well equipped and spacious kitchen-dining room. There was a newly built and very well decorated sun room off the kitchen which residents could use for relaxing or entertaining family members and friends if they so wished. There was also a separate spacious sitting room that was suitably furnished and adequately decorated.

Laundry facilities were available in a small utility room which was off the kitchen and the person in charge informed the inspectors that residents would be encouraged and supported to attend to their own laundry if they so wished.

A room was set aside downstairs for a staff office/staff sleep over room. All files, important documentation and medication was to be securely stored there.

There was an extensive garden area to the front and rear of the house and the person in charge confirmed that this would be further developed depending on the needs of the residents. The gardens were very well maintained with new flower beds to the rear. There was also shed in the back garden

There was adequate parking available to the front and side of the centre and the inspectors observed that suitable arrangements were in place for the safe disposal of general waste.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspectors were satisfied that the health and safety of residents, visitors and staff would be promoted however, some fire doors did not close fully when the fire alarm was sounded and some had no sealant attached. The person in charge and regional manager assured inspectors that this would be addressed as a priority and before any of the residents moved into the centre.

There was a Health and Safety Statement in place which was specific to the centre. It had been developed in January 2016. The Health and Safety Statement made explicit reference to the duties of both employee and employer regarding the overall health and safety requirements of the centre.

There was also a policy on risk management which had been reviewed in 2015 by the regional manager. The risk management policy was to promote a working environment that encouraged the use of professional judgement with regard to calculated risk taking. The risk management policy was comprehensive and met the requirements of the Regulations. The person in charge said that prior to any individual moving into the centre an individual risk impact assessment would be carried out in order to identify any areas of concern and put appropriate safeguards in place to mitigate identified risks.

The centre also had a policy on health and safety management systems in the centre which was reviewed and updated in January 2016. Critical areas covered in this policy were fire safety and emergency procedures. The inspectors saw that a fire alarm system had been installed. The person in charge discussed plans to carry out regular fire drills and systems were in place to ensure that the fire equipment including the fire alarm system would be serviced regularly. The inspectors saw a sample of a fire log and were assured that fire drills would be carried out as required by regulations. Daily checks of escape routes would also be carried out and from a sample of files viewed, all proposed staff had attended fire training in the centre.

Personal emergency evacuation plans were also to be developed for each resident moving into the centre. Emergency lighting was also in operation and a range of fire fighting equipment, including fire extinguishers, fire blankets and an emergency first aid box were installed in March 2016. The person in charge assured inspectors that systems would be put in place for the regular checking and maintenance of all fire fighting equipment in the centre.

On walking around the centre however, the inspectors observed that some fire doors did not close fully and some had no sealant on them. Inspectors were not assured that adequate arrangements were in place for the containment of fire. The regional manager assured both inspectors that this issue would be addressed as a priority and before any of the residents moved into the centre. The day after the inspection the regional manager made contact with the inspectors via email to confirm that there is a closure system fitted within existing fire doors and in addition the centre has supplied and fitted fire rated spring loaded hinges to fire existing doors. This has enhanced the closing mechanism of the doors and ensured closure in event of a fire in the centre. She also confirmed that where required, all sealants had been applied to the fire doors in the centre.

The inspectors saw that plans were in place to carry out risk assessments on all vehicles used to transport residents. This was to include checking oil, lights, indicators, tyres etc. The regional manager informed inspectors that it was envisaged that the centre would have the use of two vehicles.

From a sample of files viewed, it was also observed that all proposed staff had attended training in manual handling.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspectors were satisfied that adequate measures would be put in place to protect residents being harmed or suffering abuse.

There was a policy in place on procedures for safe practices which was reviewed and updated in January 2016. The aim of the policy was to minimise the likelihood of abuse occurring in the centre. This included all forms of abuse. The centre also had a policy on the safeguarding of vulnerable adults which informed that all employees must take care to ensure that all residents are protected from abuse of any kind and that the welfare of the residents was paramount at all times. The policy was also informative on how to recognise abuse and how to respond to it.

The inspectors spoke with a staff member who was to work in the centre once it opened. The staff member in question was able to inform inspectors on what abuse was, how to respond to it, who the designated person was and all the required reporting procedures. The staff member in question also had up to date training in the safeguarding of vulnerable adults.

The inspectors were satisfied that residents would be provided with emotional, behavioural and therapeutic support that would promote a positive, non aversive approach to behaviour that challenges. There was a policy in place guiding the management of behaviours that challenge which was reviewed and updated in 2015. The policy promoted the use of proactive strategies in managing challenging behaviour and informed that all staff would be appropriately trained and that there would be adequate multi-disciplinary input as required.

This included access to the behaviour specialists, psychotherapists, psychologists and psychiatrists. The person in charge told the inspector that, if required, multi element behaviour support plans would be developed for the residents. The inspectors reviewed a sample of training records which informed that staff had received specific training in this area. The centre had access to an online learning platform and the person in charge informed inspectors that plans would be in place to provide additional training to staff to meet the needs of the residents if and when required.

There was a policy in place for the use of restrictive practices which was reviewed and updated in January 2016. The person in charge and staff spoken with informed inspectors that restrictive practices were only ever used as a last resort and where they were in use they were subject to regular review. The person in charge also informed inspectors that she did not envisage the need for the use of any physical restrictions in the centre. At this stage it was unclear if any resident would be prescribed PRN medication, however inspectors were assured that all PRN medication was kept under

regular review, there was a policy in place on its usage and that there was strict criteria and guidelines to be adhered to before it was administered to any resident.

There was an intimate care policy in operation in the centre which was reviewed and updated in 2016. The policy was to provide safeguards to both residents and staff involved in providing personal care. The inspectors found that it was informative on how best to provide personal care to residents while at the same time maintaining the dignity, privacy and respect.

The centre also had a policy on bullying which was updated in January 2016. The policy was informative of what bullying was and what the appropriate steps were to manage and report it so as all residents could experience their environment to be emotionally and physically safe.

The inspectors viewed the money management policy and were satisfied that the practices outlined were safe and transparent with appropriate records to be maintained. The purpose of the policy was to ensure that all residents are supported to manage their own finances, but where required support would be provided. The policy was last reviewed and updated in January 2016.

The inspectors also saw a sample of independent money management plans that would be developed for each individual residing in the centre. Key workers would be responsible for supporting the residents with their money management plans and the person in charge would have overall responsibility that all monies were monitored and accounted for. Individual safes were also to be provided in each resident's room.

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):

This was the centre's first inspection by the Authority.

Findings:

The person in charge and regional manager were aware of their legal requirement to notify the Chief Inspector regarding any incidents and/or accidents occurring to residents living in the centre.

The person in charge assured inspectors that plans would in place to maintain a detailed log of all incidents and/accidents occurring in the centre and to analyse these for the

purposes of shared learning among the staff team.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspectors were satisfied that when the plans discussed were implemented, the general welfare and development needs of residents would be promoted and residents would be afforded opportunities for new experiences, social participation, education, training and employment.

There was a policy on education in the centre which was to ensure that the educational needs of each resident were identified and the required interventions, supports and opportunities would be implemented. The person in charge, regional manager and staff spoken with also said that a life skills assessment would be carried out with each resident and from the results of that assessment appropriate educational and/or training opportunities would be identified for each resident.

The inspectors were informed that various training programmes, educational activities and employment opportunities would be available through the organisation's range of day services. Programmes provided would depend on individual resident's interests and life skills assessment and could include woodworking and horticulture in addition to various social programmes. An outreach programme also provided for employment opportunities for each resident as well if that was their desired wish.

Life skills training would be available for each resident living in the centre through the use of task analysis. This was to promote the residents independent living skills and the person in charge informed the inspectors that skills learnt in the centre would be transferable to other parts of the service. For example, they intended to support the residents to learn how to cook for themselves and make their own lunches in the centre. The person in charge said she would link in with the various day placements of each resident so as staff there are aware that residents have the skills to make their own tea and use a microwave etc.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspectors were satisfied that residents' health needs would be regularly reviewed with appropriate input from multidisciplinary practitioners where and when required.

A health assessment action plan was to be developed for each resident living in the centre and this made provision for providing for their general health, GP visits, medication requirements, visits to the dentist, optician, audiologist if required, dermatologist, chiropodist, physiotherapist, dietician, speech and language therapist and occupational therapist.

The inspectors also observed that there were checklists available to record residents weights, body mass index, blood pressure, cholesterol and blood sugars if and where required.

Special conditions would also be provided for. For example, two of the residents moving into the centre had epilepsy and the inspectors observed that comprehensive epilepsy care plans were to be completed for both residents. The person in charge also informed inspectors that the centre had access to a range of mental health supports such as psychology and psychiatry if and when required.

The inspectors were satisfied that once the proposed practices are implemented, residents' nutritional needs would be met to an acceptable standard. The person in charge also discussed how healthy eating options will be encouraged and residents would be actively involved in planning their menus. The inspectors saw that a policy was available to guide staff on the monitoring and documentation of nutritional intake.

Overall the inspectors were satisfied that residents would have access to a general practitioner (GP), to an out of hours GP service and to a range of allied health professionals as identified above.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspectors found that the proposed medication management policies and procedures were satisfactory and safe.

The centre had a medication management policy in place which was reviewed and updated in January 2016. The aim of the policy was to ensure the safe administration and management of medication for all individuals living in the centre. The inspector reviewed the policy which was comprehensive and gave clear guidance to staff on areas such as medication administration, medications requiring strict controls, ordering, dispensing, storage, administration and disposal of medications. The policy was also informative on how to manage medication errors.

The policy promoted the self administration of medication however, where support was required it would be provided by staff working in the centre. The person in charge told inspectors that all residents would have completed a risk assessment to see if they can safely manage their own medications and that if this is not possible then staff would assume responsibility for this.

The person in charge explained to inspectors that if controlled medication was to be used in the centre it would be kept in a double locked press and appropriately monitored and audited in line with the policy.

From a sample of files viewed the inspector saw that all proposed staff had undertaken a medication management training programme which included three competency assessments. However, it was observed that the centre was to use rescue medication for two residents with epilepsy. On the day of inspection not all staff had undergone the required training to administer this medication. The person in charge and regional manager assured the inspectors that all staff would have this training provided to them on their induction to the centre and before any of the residents moved in.

Safe storage facilities were provided. This included a medication fridge if required and the person in charge confirmed that if in use the temperatures would be recorded on a daily basis to ensure they were within acceptable limits.

Monthly audits would also be undertaken to ensure compliance with the centre's policy and that all required documentation is correctly completed and up to date.

The inspectors reviewed a medication error document, which provided details of an error made if made, what action was taken and what corrective action was needed. The person in charge informed inspectors that the learning from adverse incidents occurring in the centre would be shared among staff members at regular team meetings.

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):
This was the centre's first inspection by the Authority.

Findings:
The inspectors were satisfied that the statement of purpose met the requirements of the Regulations.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provide to residents. It accurately described the service that will be provided in the centre and the person in charge informed inspectors that it will be kept under regular review.

The statement of purpose would also be available to residents in a format that was accessible to them.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspectors were satisfied that the quality of care and experience of the residents would be monitored and developed on an ongoing basis. Effective management systems would be in place to support and promote the delivery of safe, quality care services.

A robust and comprehensive auditing system had been introduced within the organisation and was to apply to this new centre. Arrangements were in place for the person nominated on behalf of the provider to carry out an unannounced visit on a six monthly basis to review the safety and quality of care and support provided in the centre.

Plans were also in place to ensure that the annual review of the quality and safety of care was carried out as required by the Regulations. The inspectors spoke with the regional manager and person in charge who confirmed that an external company had now been contracted to undertake unannounced inspections in the various centres and to produce a report on their findings. The person in charge and other staff members would also have responsibility for carrying out regular audits in the centre. This was to include areas such as infection control, hygiene and fire safety. The inspectors asked to see copies of audits from other centres in the service. On viewing a sample of these audits the inspectors were assured that they were thorough and where an action was identified it had been addressed or was in the process of being addressed.

The inspectors were also satisfied that there was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. She was knowledgeable about the requirements of the Regulations and Standards. She was also committed to her own professional development and informed the inspectors that she is currently undergoing a management training programme in order to support her in her role.

She was supported in her role by the regional manager, who was in the centre throughout the inspection process and by a deputy team leader.

Judgment:

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):

This was the centre's first inspection by the Authority.

Findings:

The provider nominee, regional manager and person in charge were aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days.

The regional manager assured inspectors that adequate cover would be provided should at any time the person in charge be absent for more than 28 days.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

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

This was the centre's first inspection by the Authority.

Findings:

The inspectors found no evidence to suggest that sufficient resources would not be provided to ensure the effective delivery of care and support in accordance with the centres' statement of purpose.

The centre was maintained to a very good standard and was near ready for occupation. The centre had access to an on-call maintenance department which responded promptly to any maintenance issues in the centre. The inspectors spoke with a representative of the maintenance department who assured inspectors that maintenance requests were prioritised and managed accordingly. Inspectors asked to see how maintenance issues were dealt with. The representative had this information available electronically and the inspectors could see that maintenance issues were logged and managed in a timely manner.

Staff spoken with also confirmed that adequate resources would be provided to meet the needs of the residents. For example, the regional manager assured inspectors that adequate transport would be provided for the centre to ensure residents got to access their various day services, training courses and employment. Access to public transport was available in close proximity. The inspector also observed that the centre was in close proximity to a number of towns and villages. .

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):

This was the centre's first inspection by the Authority.

Findings:

From the information available at inspection, the inspectors were satisfied that there will be appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Evidence was available that all staff would be supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The inspectors reviewed a sample of staff files and saw that they met the requirements of the Regulations. The recruitment policy also met the requirements of the Regulations.

The person in charge told the inspector that the staffing levels will be based on the assessed needs of the residents. Sample rosters were viewed and inspectors were satisfied that the planned staffing arrangements were in line with the statement of purpose. The person in charge also informed inspectors that the final roster arrangements for the house would be completed once all residents had moved in and the staffing level would be reviewed to reflect their assessed needs. There were relief staff available to cover absences and to ensure continuity of care.

The inspectors saw that there was an induction and appraisal system in place. In addition, supervisory meetings were to be held with each staff member on a monthly basis. The person in charge outlined the purpose of these meetings which included the provision of support, identifying training needs and the opportunity to voice any issues

or concerns.

A training plan was in place for the organisation. Records of staff training were to maintained. There was evidence that staff had attended a range of training in areas such as the management of behaviour that challenge, safe administration of medication, manual handling and fire safety training. An extensive range of online programmes were also available to staff.

While it was identified earlier in this report that some staff would require additional training for the administration of rescue medication for two residents with epilepsy, the person in charge and regional manager assured inspectors that this training would be prioritised and conducted as part of the staff induction process. This meant that all staff would have completed this training prior to any resident moving into the centre.

There were no plans in place at present to have volunteers in the centre. Should that change, the person in charge was aware of the requirements of the Regulations in this regard.

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):

This was the centre's first inspection by the Authority.

Findings:

The inspectors found that there were systems in place to maintain complete and accurate records in the centre. However, a lot of the policies and procedures were specific to the needs of people on the autistic spectrum and this centre was not supporting people with that condition.

The designated centre had in place the written operational policies required by Schedule 5 of the Regulations. Adequate insurance cover was also found to in place.

The inspectors read the residents' guide and found that it provided detail in relation to all of the required areas. This document included a summary of the services and facilities to be provided, arrangements for resident involvement in the centre and a summary of the complaints procedure.

The inspectors found that systems were in place to ensure that medical records and other records, relating to residents and staff, would be maintained in a secure manner. The person in charge was also aware of the periods of retention for the records.

Although not yet required from working in a previous centre the person in charge had access to an appropriate template for the completion of the directory of residents in line with the Regulations.

However, on reading a lot of the policies in the centre (which had been reviewed and updated between 2015 and 2016), the inspectors observed that some were specific to the needs of people on the autistic spectrum. It was observed that none of the residents moving into this centre had a diagnosis of autism. This was discussed with the person in charge who undertook to address this.

The inspectors also observed that no record was maintained of the number and type of fire fighting equipment present in the centre as per Schedule 4 of the Regulations however, the person in charge informed inspectors that this would be addressed immediately.

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:

Raymond Lynch
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-0005350
Date of Inspection:	31 March 2016
Date of response:	29 April 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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

There is a possibility that a resident may incur a 33% of staff costs on some social outings and holidays. These charges were not identified in the Contract for Admissions.

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

1. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

The Policy on Service User Finances which was updated in January 2016 is being reviewed to remove any request from residents that may incur 33% of staff costs on social outings or holidays.

Proposed Timescale: 04/05/2016