

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Rathdearg House
Centre ID:	OSV-0005449
Centre county:	Louth
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare Services Unlimited Company
Provider Nominee:	Noel Dunne
Lead inspector:	Raymond Lynch
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	1
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 following an application to vary registration conditions. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 15 February 2017 10:00 To: 15 February 2017 16:00

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 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to Inspection:

This was an announced inspection after an application to vary the terms of conditions of registration was made to the Health Information and Quality Authority (HIQA) by Nua Healthcare.

This was the centre's second inspection and, as with the first inspection, the centre was found to demonstrate very good levels of compliance across most outcomes that were assessed. The centre was registered for occupancy for one resident in 2016 and was now seeking to increase that number to five.

Overall, this inspection found that the quality and safety of care being provided was to a very good standard and was impacting positively on the resident living in the centre.

The resident's needs were being comprehensively supported and provided for, they were involved in all decisions about their life, they had a strong circle of support in place, they were using local community based amenities and they informed the inspector that they loved living in the house.

It was observed that the centre was currently providing a safe and person-centred

service. The centre was now applying to vary the conditions of their registration by increasing the number of residents from one to five. In turn, the inspector enquired of management as to how the risks associated with new residents transitioning into the house would be adequately assessed and addressed.

The regional manager and a member of the senior management team assured the inspector that the risk management policy would be adhered to on all occasions, all risks would be adequately assessed and measures and actions would be put in place to control any additional risks identified on new admissions to the centre, including the deployment of additional resources where and when required.

How we gathered our evidence:

The inspector met and spoke with the resident currently living in the centre for over an hour on the morning of the inspection. The resident informed the inspector that this was now their home, they loved living there and they could approach any member of staff at any time with any issue or concern they may have.

The resident, who was a keen photographer, also showed the inspector some of their photographs and shared some aspects of their life story over a cup of coffee.

They also showed the inspector their bedroom, which was decorated to their individual style and taste. They were very proud of their bedroom and had pictures of loved ones, family members and friends on display.

The resident was also delighted to show the inspector around the house and said that they were delighted to be living there, that they felt safe and that this was their first home in 16 years.

The inspector also spoke and met with three staff members and interviewed one social care worker about the service being provided.

Documentation such as health and care plans, policies and procedures, positive behavioural support plans and daily records were also viewed. The person in charge was spoken with at length on the day of inspection, and the regional manager attended the feedback session at the end of the process.

Both were found to be knowledgeable of their remit to the Health Act and Regulations, and the person in charge demonstrated an in-depth knowledge and understanding of the support requirements of the resident currently living in the centre. It was also evident that the resident knew the person in charge very well.

Description of the Service:

The centre comprised of a very large well maintained detached two story house which had the capacity to support five residents, both male and female.

It was located close to Drogheda in County Louth, which provided access to a range of amenities such as shops, shopping centres, restaurants, churches, library, barbers, hairdressers, swimming pools, fitness centres, cinemas, pubs and hotels.

The inspector observed that the resident was already using and accessing a range of local amenities in the community with the support of staff. The town also provided a regular bus and train service; however, adequate transport was also provided by the centre for residents to avail of.

Overall judgment of our findings:

This inspection found that the centre demonstrated very good levels of compliance across the majority of outcomes assessed and there was an experienced and qualified person in charge to manage the centre who was supported by a team of qualified health and social care professionals.

The resident currently living in the centre was in receipt of a person centred, quality based service.

Of the eight outcomes assessed, all were found to be compliant. The inspector did enquire as to how risk would be managed as new residents commenced their transition into the centre.

Senior management and the regional manager assured and informed the inspector that as per the centre's policies and procedures, all risks would be comprehensively assessed and adequate resources/measures put in place to address and mitigate any concerns identified.

These were further discussed in the main body of this report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the rights, privacy and dignity of the resident (and future residents) was being promoted and there were a number of mediums available so as the resident's individual choice was being supported and encouraged.

On the last inspection in 2016, the inspector found that policies and procedures were in place to ensure that residents' rights would be promoted, their individual voice would be heard and respected, their intimate care needs would be supported in a culture of privacy and dignity and arrangements were in place for advocacy support as and when required.

This inspection found that there were effective systems in place to manage complaints. The inspection also found that the resident had an informative and dignified intimate care plan in place, they were aware of their rights with regard to advocacy support, had a strong natural circle of support in place, they were involved in all decisions about their life and could talk to staff at any time about any issue that they may have.

It was observed that staff consult on a daily basis with the resident about all aspects of their care and support and ensure that one-to-one time with staff was provided for as and when required.

The inspector observed that there was a policy on the key working process made available in the centre. The policy was reviewed in 2016, and its aim was to ensure there was a nominated staff member to take responsibility for co-ordinating a response to each resident's individual needs as they present throughout their life.

The inspector met and spoke with the resident's key worker, who stated that she enjoyed working with the resident. The inspector observed that there was a lot of learning and work involved in the key working process, including how to be creative in providing support, how to set goals and how to facilitate social learning opportunities.

The aim of this work was to ensure continuity of care, assist with the formulation of a comprehensive care plan and support each resident to engage in activities that are meaningful to them and that reflect their needs.

While this was being facilitated for the resident, the inspector observed that training for the role of keyworker took place on the job. Staff acknowledged that this training was very good, but would have welcomed it as part of their induction.

The regional manager assured the inspector that she would take this feedback on board for future consideration and informed the inspector that while key working training takes place on the job with support from the supervisor, there was also an e-training course on key working available for staff to partake in as part of continuous professional development.

Over the course of this inspection, the inspector observed that the individual communication needs of the resident were being supported and provided for, staff respected the resident's opinion and listened to the resident, the resident was involved in all decisions about their care and support, the resident was being supported to reconnect with friends and family members and the resident's individual gifts and talents, such as photography, arts and crafts, were being encouraged, supported and facilitated.

Judgment:
Compliant

Outcome 05: Social Care Needs

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

Theme:
Effective Services

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

Findings:

The inspector was satisfied that the care and support as described by the resident, the person in charge, the regional manager and documentation was consistent and sufficiently provided for the resident's assessed needs and wishes.

The resident's personal plan was viewed, and the inspector found that it was comprehensive and clearly identified the resident's care support needs and documented plans developed with multidisciplinary input to address those needs.

For example, the plan took into account the resident's 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, and family members and other people who are important in their lives.

The inspector observed (and was told by the resident) that social care goals and monthly social outcomes were being organised and put in place with the support of staff.

Staff were also supporting and encouraging the resident to explore their gifts and capacities, and, to date, the resident had joined a local art class and was being supported to further develop their skills in photography.

The resident was also being supported to use their local community, had joined a local gymnasium, attended water aerobic classes, frequented the local restaurants and hotels and used the local hairdressers and beauticians, shops, shopping centres and local bank.

It was also observed that the resident had a strong natural circle of support in place, had got to know staff in the local shops, bank and beauticians, and was being supported to make reconnections with family members and friends.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the health and safety of residents, visitors and staff was currently being promoted in the centre and there were currently adequate policies and procedures in place to support the overall health and safety of residents.

As identified at the start of this report, it was observed that the centre was currently providing a safe and person- centred service and the centre was now applying to vary the conditions of their registration by increasing the number of residents from one to five.

On this inspection, the inspector enquired of management as to how the risks associated with new residents transitioning into the house would be adequately and comprehensively assessed.

The regional manager and a member of the senior management team assured the inspector that the risk management policy would be adhered to on all occasions and measures and actions would be put in place to control any additional risks identified on new admissions to the centre.

The inspector was also assured that, where required, additional resources would be deployed to the centre to ensure that residents were safe.

The inspector saw that there was a risk register in place and, on the resident's file, there was a comprehensive assessment of the environmental and individual risks concerning the resident and the measures in place to mitigate such risk.

It was also observed that the most significant reason this placement was successful was down to the fact that all possible measures to keep the resident safe were in place.

For example, the resident required high levels of staff support, predictability in the way their care package was delivered, reliability of staff (and staff continuity) and strict routine regarding the planning and scheduling of all daily activities. The administration of medicines also required the input and monitoring of two trained staff at all times in the centre.

Having extensively viewed all relevant documentation regarding risk assessment and management in the centre and having read the resident's files in-depth, the inspector was assured by management and by the centre's own policies and procedures that, once new residents begin to transition into the house, these transitions would be scheduled carefully and in a timely manner to ensure the best outcomes for all residents in the centre.

The inspector saw that since the fire alarm system and equipment had been installed, they had been checked by an external fire consultancy company in December 2016. There was adequate fire fighting equipment in place, including a fire blanket, fire extinguishers and emergency lighting.

It was observed that all fire equipment was being checked either weekly and or monthly by staff and fire drills were being conducted as required. There were also up- to- date and informative personal emergency evacuation plans on the resident's file.

There were policies and procedures in place for the management of infection control which was reviewed in 2016. The aim of the policies was to direct staff in the prevention

of transmission of infectious agents and to provide general information on the concept of infection control.

There was also a policy on hand hygiene which was to direct staff on the principles of hand hygiene in order to reduce the chances of cross infection. The inspector observed that there were adequate arrangements in place to manage infection control in the centre.

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

Judgment:

Compliant

Outcome 08: Safeguarding and Safety

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

Theme:

Safe Services

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that adequate measures were in place to protect residents being harmed or suffering abuse in the centre.

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 ensure that there were appropriate safeguarding measures in place when supporting vulnerable adults.

There were also policies and procedures in place on supporting vulnerable adults. This was to ensure all residents who use the service were protected from abuse of any kind. The policies and procedures outlined the responsibility of staff in protecting vulnerable adults, how to respond to such issues and the appropriate reporting procedures.

The inspector spoke in-depth with one staff member, who was the key worker the resident in the centre. She was an experienced professional social care worker who was confident in her role in ensuring the resident was safe in the centre and informed that she would approach management if she had any safeguarding concerns. From a sample of files viewed, it was also found that all staff had up-to-date training in the

safeguarding of vulnerable adults.

The inspector was satisfied that residents were being provided with comprehensive emotional, behavioural and therapeutic support that promoted an unobtrusive, non-aversive approach to behaviour that challenges.

The current resident in the centre had regular access to behaviour specialist, psychotherapist and psychiatrist support and had an 'interim multi-element behavioural support plan' in place that was under regular review.

Of the staff spoken with, they had a comprehensive knowledge of how best to support the resident in line with their 'interim multi-element behavioural support plan'. The inspector reviewed a sample of training records, which indicated that staff had received specific training in the management of behaviour of concern.

There was a policy in place for the use of restrictive practices, which was reviewed and updated in January 2016. The policy indicated that restrictive practices were only ever used as a last resort following an assessment of the risk, safety and welfare of the residents.

The inspector observed that there were some restrictive practices in use; however, they were limited and only used in the best interest of the resident.

The resident was also on PRN medicine (medicine to be taken when required); however, senior management of the centre, including the regional director, assured the inspector in writing after the inspection that this medication was not prescribed to modify behaviour or used as a restrictive practice.

The person in charge also informed the inspector that PRN medicines had not been used at all since the resident moved into the centre with the exception of one incident where the resident had a cough.

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 inspector found that it was informative on how best to provide personal care to residents while at the same time maintaining their choice, independence, dignity, privacy and respect.

The intimate care plan in place on the resident's file was informative of how best to support the resident whilst maintaining their dignity, privacy and respect.

Judgment:

Compliant

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the residents' health needs were being regularly reviewed with significant input from multidisciplinary practitioners as and when required.

The centre had a policy on health and wellbeing which was approved in 2016. The purpose of the policy was to ensure that residents had access to general practitioner (GP) services, had a health needs assessment carried out, had their mental health needs met and had their dietary requirements managed. The policy also supported a healthy living environment.

The inspector saw that the resident had completed a comprehensive health assessment plan which made provision for their general health and medication requirements as well as visits to their GP, dentist, optician, audiologist, dermatologist, chiroprapist, physiotherapist, dietician and occupational therapist.

The inspector also observed that records of the resident's weight, blood pressure and blood sugars were being kept in the centre.

Special conditions were also being provided for, including appointments at the diabetic clinic.

The resident was being supported to eat healthily and engage in exercise programmes such as walking and aerobics. Mealtimes were seen to be a positive and social experience and staff sat and chatted with the resident in a friendly and warm manner.

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:

The inspector found that the medication management policies, procedures and practices 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 on the inspection in 2016 and found that it was comprehensive and gave clear guidance to staff on areas such as medication administration, medications requiring strict controls and ordering, dispensing, storage, administration and disposal of medications. The policy was also informative on how to manage medication errors.

PRN medicines (medicines to be taken when required) were kept under regular review, and, as required by policy, they had very strict protocols in place regarding their administration.

From a sample of files viewed the inspector saw that staff had undertaken a medication management training programme which included three competency based assessments.

Medications were also routinely audited and counted and the inspector went through a sample of audits with the person in charge and found that medicines could be accurately accounted for.

While there were systems in place to manage and learn from medication errors, it was observed that no medication errors to date had occurred in the centre.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the quality of care and experience of the resident was monitored and developed on an ongoing basis. At the time of inspection, there were also effective management systems in place to support and promote the delivery of safe, quality care services.

The person in charge was currently responsible for providing a significant level of direct support to the resident currently living in the centre.

The inspector enquired of the regional manager about the provisions in place to ensure that the person in charge would be provided with adequate protected management time in order to manage the centre effectively and in line with the regulations once the number of residents increased in the centre.

Senior management of the service, including the regional manager, assured the inspector that staffing levels and or hours would be based on the assessed needs of each resident and would increase as more residents transitioned into the centre.

This meant the person in charge's protected management time would be assessed and increased as and when required. The inspector was also informed that, once the centre had reached capacity, the person in charge would be provided with an additional person for three and a half hours per day to provide administration support. This was to support the person in charge with office-based tasks and the updating of documentation.

There was a policy in place on internal auditing which was approved in 2016. The purpose of the policy was to define a process to ensure internal audits were taking place and that they were assessing the effectiveness of the service.

The person in charge informed the inspector that arrangements were now in place for an annual review of the quality and safety of care in the centre. Arrangements were also in place for unannounced and announced visits to the centre where audits would be carried out by the Quality Assurance Team

The inspector was satisfied that there was a clearly defined management structure in place 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 had a relevant post graduate qualification as well as having training in the auditing process and training on the role of person in charge.

The person in charge was supported in her role by a deputy team leader (the inspector got to meet the deputy team leader briefly on the inspection). The person in charge and deputy person in charge were supported in their roles by the regional manager, who was in the centre for feedback at the end of the inspection process.

The inspector also observed that there was a policy and procedures in place for on-call

management support. The policy was approved in 2016, and it provided staff with guidance and direction when dealing with significant issues that may occur outside of normal working hours.

The inspector spoke with one staff member and found that she was familiar with the procedures for contacting management on call if required. Their contact details were also available on the office wall.

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:

The inspector was satisfied that there were appropriate staff numbers and skill mix available to meet the assessed needs of the residents and for the safe delivery of services. Staff were also being supervised on an appropriate basis, and the previous inspection found that they were recruited, selected and vetted in accordance with best recruitment practice.

The person in charge and regional manager told the inspector that the staffing levels and or hours would be based on the assessed needs of the residents and would increase as more residents transitioned into the centre.

The inspector observed staff working with the resident and found that they were skilled and knowledgeable regarding the support needs of the resident and interacted with them in a caring and dignified manner.

There was also an induction and appraisal system in place. In addition, supervisory meetings were held with each staff member on a regular basis with the person in charge.

A sample of the minutes of these supervision meetings were viewed by the inspector, and it was observed that they were supportive to staff and provided a platform to raise any concerns staff may have.

There was a policy on training and development in the centre. The purpose of the policy was to ensure staff were supported to attend a range of both internal and external training courses, seminars and lectures that were supportive and relevant to their role.

The inspector saw that a training plan was in place for the organisation and records of staff training were 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 training programmes were also available to staff.

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:

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