

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	The Haven
<b>Centre ID:</b>	OSV-0005236
<b>Centre county:</b>	Kildare
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Nua Healthcare Services Unlimited Company
<b>Lead inspector:</b>	Anna Doyle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	1

## **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: 13 November 2017 10:30 To: 13 November 2017 13:30

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

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

**Summary of findings from this inspection**

Background to the inspection.

This was the sixth inspection of the designated centre. The inspection was announced and was in response to the provider submitting an application to vary the registration of the centre to include a new one bedroom apartment to the existing designated centre.

A registration inspection had been completed in this centre in April 2015 from which a decision had been made to register this centre. Subsequent to this registration the provider had submitted two applications to vary the registration of the centre. One of which was to change the location of the centre and the other was to increase the occupancy levels of the centre from four to six residents.

The last inspection completed in September 2017 was unannounced, the purpose of which was to monitor compliance with the regulations and to follow up on notifications submitted to HIQA. At the time of that inspection the provider had submitted a governance plan to HIQA which included actions that would be taken to improve services to this and other centre's that they operate.

The centre is registered as a mixed centre; however there were no residents under the age of eighteen residing in the centre on the day of the inspection. Therefore the providers representative was informed that the centre would be recommended for

renewal as a designated centre for adults with a disability.

The purpose of this inspection was to ensure that the new proposed building met the requirements of the regulations.

#### Description of the Service.

This centre is operated by Nua Healthcare and is situated in Co. Kildare. It is a six bedroom community dwelling and currently provides care to male residents who require supports in line with their assessed needs. The new property which is adjacent to the current designated centre comprises of a one bedroom apartment. The existing centre and the new building are leased by the provider from a third party.

Direct care is delivered by health care assistants and social care workers. Nursing input is available from a nurse employed in the wider organisation. Since the last inspection one resident had transitioned from the centre.

#### How we gathered evidence.

Two residents were met by the inspector on the day of the inspection. One chatted informally to the inspector about their interests and plans for the day. The inspector was informed that the resident identified to transition to the new premises had not been fully informed of the decision in line with their assessed needs. However, it had been discussed with the resident's representative. Once the application to vary had been approved, the person in charge and other relevant personnel intended to plan the transition for the resident.

As part of the inspection the inspector met with the person in charge who had been newly appointed since the last inspection. The inspector discussed the intended transition for the resident and reviewed fire safety measures and medication management practices. The inspector completed a walk around of the new premises.

The feedback meeting was attended by the person in charge and the regional manager. The person in charge was requested to submit training records after the inspection as the training records available in the centre were not up to date on the day of the inspection.

#### Overall findings.

The inspector found that the proposed new premises were finished to a high standard. The new premises had been renovated by the provider in order to provide individualised supports to the resident in an environment conducive to their assessed needs.

At the last inspection moderate non compliances were found in safeguarding and health and safety, and some these actions had not reached their completion date. This will be followed up at the next inspection. Two outcomes were found to be substantially compliant under Outcome 7; health and safety, and Outcome 17; workforce. All other outcomes were found compliant and were inspected on the proposed arrangements that the provider and person in charge intended to have in place under each outcome for the new building.

Some work was still required to the outside area of the premises and staffing levels still needed to be confirmed. The person in charge agreed to submit the agreed staffing levels to HIQA as part of the action plan and confirm completion of work to the outside area of the building prior to the transition of the resident. Improvements were also required in the risk management policy for the centre.

The action plan at the end of this report outlines the improvements required.

**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 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 found that from reviewing the documentation and in discussion with the person in charge that there were arrangements in place to meet the residents' assessed needs.

The person in charge had completed an assessment of need for the resident and from this a proposed transition plan had been developed.

The person in charge intended to complete a full review of the residents supports needs prior to the transition beginning. This will include a review of all risks, support needs and behaviour support interventions. The transition will then be reviewed regularly with the resident, staff and relevant allied health professionals to assess how effective this transition has been and identify any possible changes that may be required to the environment or the supports in place.

Family representatives were aware of the proposed transition for the resident and the person in charge said that they were happy with the proposed move.

The person in charge informed the inspector that part of the transition will involve; the resident buying new items for their home and choosing personal items that they would like for their bedrooms. Initially, the resident will be supported with a social story to outline how the transition will take place. For example, the resident will start by visiting the apartment and having lunch there.

The resident will remain participating in their current day service provision, which includes attending a day service one day a week, with the other days being led by the

resident with the support of their assigned staff member.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

Overall the inspector found that the layout and design of the new building was suitable for its stated purpose.

The new building is a self contained apartment adjacent to the designated centre. There is access to the designated centre through a gateway and there is also a separate driveway to the property.

The premises were finished to a very high standard and the person in charge intended to personalise the bedroom and other areas of the centre with the resident. The inspector found that the new premises had:

- Adequate private and communal accommodation, including adequate social and recreational space.
- Rooms of a suitable size and layout
- Adequate space and suitable storage facilities for the personal use of the resident.
- Adequate ventilation, heating and lighting
- A kitchen/ dining area with suitable space for a small dining table.
- Contained a shower and toilet suitable to meet the needs of the resident.
- Adequate facilities for the resident to launder their own clothes if they so wished

The inspector found that the outdoor space had yet to be landscaped as the internal renovations to the property had only been completed. The person in charge informed the inspector that there was a plan in place to address this and also to provide some outside equipment for the resident.

**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):**

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

**Findings:**

Overall the inspector found that the person in charge and the provider had systems in place in order to protect the health and safety of visitors, residents and staff in the centre.

The inspector found that there was adequate means of escape and exits were unobstructed in the new building. Adequate fire systems had been installed, including a fire alarm, fire fighting equipment and emergency lighting. Measures were in place for the containment of fire, as all doors in the new building were fire doors.

The resident's personal emergency evacuation plan was viewed by the inspector and the supports outlined would be available in the new building. The person in charge informed the inspector that there had been no issues during previous fire drills of the main centre and that a fire drill would be completed as part of the resident's transition to the new building.

As is the organisations policy fire checks will be completed on a daily basis to ensure that the equipment in place is maintained, serviced appropriately and that fire exits remained unobstructed.

There was policy in place on risk management in the centre. This had been reviewed as part of the action plan from the last inspection. However, it did not fully outline the arrangements for the recording, investigation of, and learning from a serious incident or adverse events involving residents.

The inspector was informed that incidents will be recorded on incident form. The person in charge and the clinic team will review all incidents in the centre as they occur. From this review additional control measures may be identified and this will be included in the individual risk management plans.

All incidents will be reviewed at staff meetings, at staff handovers and weekly returns will be submitted to the regional manager, which are then forwarded to the provider nominee.

A risk register will be maintained in the centre, to include all risks associated with the centre. Individual risk assessments will also be included on residents' personal plans.



This had been an action from the last inspection of the centre and was still in progress at the time of the inspection.

Staff had been provided with training in risk assessments and the person in charge had also attended training in this area and in the new risk management policy. This had been an action from the last inspection of the centre.

The resident will also have access to four service vehicles in the designated centre.

**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:**

Overall the inspector found that there were systems in place to protect residents suffering abuse or being harmed.

The person in charge was clear about what to do in the event of an allegation of abuse and aware of the procedures to follow. Staff training records submitted by the person in charge demonstrated that all staff had received training in safeguarding vulnerable adults.

There was policy in place on behaviour support. There will be access to a psychologist in the centre and part of the transition will involve a full review of the residents behaviour support needs. The person in charge also intended to provide information and training to staff on the resident's behaviour support plan prior to the transition date.

The inspector was informed that the resident currently had a restrictive hold prescribed in response to behaviours of concern. However, the person in charge intended to review this as part of the transition and envisaged that once the resident transitioned that a least restrictive measure may be possible as the living environment will have changed for the resident.

Going forward all restrictive practices will be documented on a restraints register, which will be reviewed by the person in charge and the director of clinical services on a monthly basis to ensure that the least restrictive measure is utilised. The provider is also in the process of formulating a policy on consent in the wider organisation in order to guide practice on the inclusion of the resident or their representative on the use of restrictive practices.

The actions from the last inspection were still in progress at the time of this inspection and were therefore not followed up as part of this inspection as they had not reached the date of completion outlined on the providers action plan.

**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:**

There was an assessment of need in place for the resident that will be updated once they have transitioned to the centre. Health support plans will be reviewed as part of the transition process.

As part of the person in charges assessment, the resident's healthcare needs had been documented. A nurse who is employed in the wider organisation will be available to guide the support needs for this resident. The person in charge had identified some training needs for staff already. This included staff training in the management of epilepsy.

Allied health professionals will be available in line with the residents assessed needs. Some of which will be available through the service and some will be available through community facilities.

An annual medical review will be completed for the resident in the centre.

The person in charge informed the inspector that menus and food will be agreed with the resident on a daily basis. The resident will be supported to buy groceries and prepare meals in line with their personal preferences.

**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:**

Overall the inspector found that the person in charge intended to have appropriate medication management systems in place in the new premises that reflected the practices of the existing centre.

There was a medication policy available in the centre. The inspector was informed that the person in charge intended to seek advice from the nurse employed in the wider organisation on where was the most appropriate place to store medication.

The person in charge outlined the current practices for ordering, prescribing, storing and disposing of medications in the centre which were found to be appropriate.

The inspector reviewed the prescription sheet and administration sheet for one resident and it was found to contain the required information.

Medications stored in the centre are audited on a weekly basis by an assigned staff and this practice would be reflected in the new premises.

Medication errors are recorded on a form when they occur and are reported to the person in charge or a senior member of staff. Advice is then sought from a medical practitioner if required. The person in charge collates any medications errors that occur in the centre on a weekly basis on an operational report submitted to the regional manager.

From this review additional control measures may be required to ensure safe practice. For example, the person in charge informed the inspector that medications were classified into different levels based on the severity of the incident. If an incident was considered to be at a level 3 or higher, then the controls may require re education of staff.

An assessment had been completed for residents to self medicate. However, there were no residents self medicating in the centre at the time of the inspection.

There were no controlled drugs prescribed to residents 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):**

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

**Findings:**

The inspector found that the management arrangements in place in the centre identified clear lines of accountability. The addition of the new building would not change the current governance arrangements in the centre.

The person in charge had been newly appointed since the last inspection and was found to meet the requirements of the regulations. They had been appointed to the role on 2nd October 2017 and informed the inspector that they had been given two weeks induction with the previous person in charge prior to their appointment.

They demonstrated a good knowledge of the residents needs in the centre and their requirements under the regulations as the person in charge.

Since they had taken up the role, they had begun to review all residents' personal plans and were also in the process of ensuring that the actions from the last inspection were in line to be completed by the dates set out in the action plan.

The person in charge was supported in their role by two deputy team leaders who were responsible for the supervision of care in the absence of the person in charge.

The person in charge reported to the regional manager who in turn reported to the provider. Regional persons in charge meetings were held monthly with the regional manager. The person in charge stated that they also had monthly supervision with the regional manager and were in contact over the phone on a daily basis.

As part of the wider organisations governance arrangements, the person in charge completed a weekly operations report to the regional manager.

An unannounced quality and safety review had been completed. This was reviewed at the last inspection.

An annual review had been completed for 2016 and the provider was aware of the requirement to include consultation with residents and their representatives in the next annual review for the centre. This had been an action from the last inspection and was still in progress at the time of this inspection.

**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 informed that the provider intends to have adequate staff in place to support the resident in the new premises. However, these staffing levels are dependent on approval from the HSE.

The staff supports will include one waking night staff, and one staff on duty all day in the new premises. The current staffing levels in the centre included 15 whole time equivalents including the person in charge. There was one vacancy in the centre on the day of the inspection, but a candidate had been identified to take up this position in December 2017.

Once approval had been agreed the whole time equivalents in the centre will increase to 17 whole time equivalents which will include the staff supports required in the new premises. The inspector found that this was the amount identified in the statement of purpose for the centre that was submitted as part of the application to vary the registration of the centre.

On review of the staff training records, the inspector found that staff had completed all mandatory training.

The person in charge agreed to submit a rota reflecting the new arrangements once approval had been granted for the additional staffing.

Staff have access to an out of hours on call service in the event that they need assistance or advice. A nurse is employed in the wider organisation for support with residents' health care needs.

The person in charge informed the inspector that staffing levels will be reviewed regularly once the transition is complete to ensure that sufficient staff supports are available to meet the residents' needs in the centre.

The person in charge informed the inspector that they have a schedule in place to ensure staff have supervision on a regular basis.

One staff member will be assigned as the shift leader each day who will oversee and be responsible for care practices in the centre.

There are no volunteers employed in the centre.

Staff files were not reviewed as part of this inspection, but will be reviewed at a later date by HIQA.

**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:***

Anna Doyle  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Nua Healthcare Services Unlimited Company
<b>Centre ID:</b>	OSV-0005236
<b>Date of Inspection:</b>	13 November 2017
<b>Date of response:</b>	15 December 2017

### 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 07: Health and Safety and Risk Management

**Theme:** Effective Services

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

The policy did not reflect the requirements under this regulation.

#### 1. Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and

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

learning from, serious incidents or adverse events involving residents.

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

The Risk Management Policy will be reviewed and update to include the requirement's for Regulation 26 (1) (d).

**Proposed Timescale:** 05/02/2018

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

Two whole time equivalents for the proposed new building had yet to be approved.

**2. Action Required:**

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

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

The Person in Charge will communicate assurances to HIQA once all relative supports are approved by the representatives, in place and a commencement date of transition agreed by all stakeholders.

**Proposed Timescale:** 05/02/2018