

**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
Centre ID:	ORG-0011113
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare
Provider Nominee:	Noel Dunne
Person in charge:	Philip Whelan
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 18 June 2014 10:00 To: 18 June 2014 17:00

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

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

This was the first monitoring inspection in this centre. The inspector met with the person in charge, the team leader, residents and staff and observed practices and reviewed documentation such as personal care plans and records. The inspector had previously met with the Director of Services and the Director of Operations at the provider's head office reviewing policies and procedures, staff records and collecting other information required to inform the inspection in other centres in the organisation.

Overall, the inspector found that residents received a good quality service and residents had many opportunities for meaningful engagement and social interaction. Staff knew the residents well and responded to their needs in a warm and caring way. However, a number of areas for improvement were identified in order to comply with the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

The inspector found that although staff had attended fire training, it was not specific enough to guide the evacuation of a resident with particular needs. Because of the potential risk to the resident immediate action was required and appropriate training was organised prior to the end of the inspection. Otherwise the health and safety of residents and staff was promoted and protected.

The documentation relating to the assessment and management of clinical needs

required improvement to ensure continuity of care.

In addition some staff had not attended training in the prevention, detection and response to abuse. These areas are discussed further in the report and included in the action plan at the end.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found evidence that residents were supported to live independent and fulfilling lives and a good system of personal planning was in place to guide this process.

The inspector met with a number of residents and reviewed a number of their personal plans. Residents described to inspectors how they liked to spend their day and said that staff respected their wishes and preferences. Residents said that they had ample opportunity for meaningful activities, which ranged from work-based activities in the day centres to leisure activities such as outings and shopping.

The inspector found that the personal plans were focussed on improving the quality of residents' lives, as evidenced by clearly defined goals for each resident. The personal plans detailed the actions and the persons responsible for ensuring goals were met. There was some evidence that residents were involved in drawing up their personal plans and the recently appointed team leader said she had plans in place to develop this further having already appointed key workers for each resident. The inspector found that the personal plans were focussed on improving the quality of residents' lives, as evidenced by clearly defined goals for each resident. The personal plans detailed the actions and the persons responsible for ensuring goals were met. Improvements were required to the documentation relating to clinical care and this is discussed under outcome 11.

There was an extensive range of activities available to the residents both in the centre and out in the community. Transport was available within the centre. A daily plan was

devised for each resident and the inspector saw that this was available in picture format as required. Staff confirmed that this changed depending on the wishes of the residents each day.

The inspector found that residents were supported in transition between services. A comprehensive assessment was completed prior to admission and a hospital passport was developed should the resident subsequently be transferred to other services. This contained useful information such as personal details about the resident, aids and assistive devices used and communication needs including how the resident would express pain etc.

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

Judgement:

Non Compliant - Major

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was not satisfied that residents were sufficiently protected in the event of fire.

The inspector saw that staff had recently attended fire training. However the inspector was concerned because one resident upstairs did not have an appropriate means of escape. Equipment had recently been purchased to accommodate this evacuation but staff had not received training and told the inspector they did not know how to use this. Because of the risk to the resident, immediate action was required. This was discussed with the person in charge and training was organised for the next day. The inspector was satisfied with the remaining fire precautions. The inspector viewed evidence that fire equipment was serviced regularly, as were fire alarms and emergency lighting. The inspector also saw evidence of regular fire drills.

Otherwise the inspector was satisfied that the health and safety of residents, visitors and staff was promoted. There was a Health and Safety Statement in place. The risk management policy was recently updated and met the requirements of the Regulations. There was a health and safety committee which met on a regular basis. Risk assessments were also carried out on the use of staff vehicles to transport residents.

The provider had ensured that arrangements were in place to manage the risk of infection. There was adequate alcohol gels and gloves available in the house. All staff had attended the mandatory training in moving and handling.

The inspector read the emergency plan and saw that it provided sufficient detail to guide staff in the procedure to follow in the event of possible emergencies such as flood or power outage. In addition possible alternative accommodation for residents was available should evacuation be required.

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

Judgement:

Non Compliant - Minor

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The provider had put systems in place to promote the safeguarding of residents and protect them from the risk of abuse. However, some improvement was required with regard to the provision of mandatory training.

The policy on the protection of vulnerable adults was satisfactory and guided practice. The inspector found that staff members in the centre were knowledgeable with regard to their roles and responsibilities for the safeguarding of residents. However, a number of the staff had not attended mandatory training in accordance with the requirements of the Regulations. Residents stated that they felt safe and secure in the centre and knew what to do if they ever felt they had been mistreated.

The inspector observed staff interacting with residents in a respectful, warm and caring manner and residents and staff communicated freely between each other. A daily record was maintained for each resident and the inspector saw that good detail was maintained with regard to the residents' daily routines, interactions and mood. There was a policy in place guiding the management of behaviours that challenge and there were good systems in place for the management of these behaviours. Residents had detailed positive behaviour support plans in place where necessary. The inspector found that they were based on multi-disciplinary input and were of good quality. Staff members were aware of the content of these plans and were aware of the need to update them as residents' needs changed. The records showed that residents had good access to counselling and psychiatry services if required.

The inspector was satisfied that there was a policy in place guiding the management of

behaviours that challenge and there were good systems in place for the management of these behaviours. This included access to the behaviour specialists, psychotherapists, psychologists, a neuropsychiatrist and psychiatrists. Residents had detailed positive behaviour support plans in place where necessary. A restraint free environment was promoted and although some restrictive practices were observed, the inspector saw that they were used as a last resort and following risk assessment and the usage was guided by a robust policy.

Outcome 11. Healthcare Needs

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

Theme:

Health and Development

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was concerned because of inconsistencies and gaps in the documentation relating to some clinical issues such as diabetes, weight management and respiratory conditions.

The inspector saw that the care plan in place for one resident was generic in nature and had not been adjusted to meet the needs of the resident. For example it stated that lying and standing blood pressure was to be recorded but this was not the practice in place. In addition, the inspector saw that there was no care plan in place to guide practice in relation to a resident with a respiratory condition who required frequent medications.

The inspector was also concerned as it was not possible to weigh a resident who was at risk of malnutrition because of his general condition. His care plan stated that weight was to be recorded but there was insufficient equipment in place as this resident was unable to stand on a scales. The team leader had already identified this.

All of these improvements were discussed with the team leader and person in charge who agreed to address them and provide additional training for staff if required.

Otherwise the inspector was satisfied that residents' health needs were regularly reviewed with appropriate input from multidisciplinary practitioners where required. Residents had access to a general practitioner (GP), to an out of hours GP service and to a range of allied health professionals such as physiotherapists, speech and language therapists (SALT) dieticians, chiropodists, opticians and dental services and those specialists previously mentioned under Outcome 8. Apart from the issue already

mentioned the inspector was satisfied that residents' nutritional needs were met to an acceptable standard. The menu choices were on display. The inspector saw that mealtimes were flexible and fitted around residents' social and work life. For example the day of inspection was a nice sunny day and all residents and staff that were available headed off for a picnic on the beach.

Outcome 12. Medication Management

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

Theme:

Health and Development

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found residents were sufficiently protected by safe medication management policies and practices.

There was a medication management policy in place which had recently been updated and provided detailed guidance to staff. The inspector reviewed the prescription records and medication administration records for a sample of residents and found that this documentation was completed and maintained in accordance with the centres policies and professional guidelines.

Medications were stored appropriately. Staff had received training and were knowledgeable about medication management. Written evidence was available which showed that prescriptions were regularly reviewed by the medical team. No residents were self administering medications at the time of this inspection.

There were no medications which required strict control measures (MDAs) in use at the time of inspection. However, appropriate arrangements were in place in the event that they were necessary.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the quality of care and experience of the residents was monitored and developed on an on-going basis and that effective management systems are in place that support and promote the delivery of safe, quality care services.

The inspector recently met with the Director of Services and the Director of Operations for the organisation. They outlined the on-going development work to ensure compliance with the Regulations. A working group had been established and a gap analysis completed to benchmark the service against the Regulations and the Standards. A computerised auditing system had been introduced and there was an auditor employed by the provider as part of their quality assurance programme. A structured plan was in place to audit each centre within the company against the Regulations on a quarterly basis while also undertaking the annual review of services.

The inspector was satisfied that there was an appropriate management structure in place which supported the delivery of safe care and services.

The centre is managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. He had responsibility for four other centres in the locality. The provider had established formal management meetings but line managers could also be contacted by phone or email at any time. The team leader confirmed that she was satisfied with the line management structure in place and said that in addition to the formal team meetings, she could contact the person in charge at any time day or night if required. There was also a robust on call rota to ensure back up assistance was available should the centre require assistance out of office hours.

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

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services and that all staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The inspector reviewed a sample of staff files and noted that they contained the required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. A checking system had been introduced and the inspector saw where staff had been contacted to supply any outstanding documentation.

The inspector reviewed a sample of staff rosters and noted that on the day of inspection the roster reflected the number of staff on duty. The person in charge told the inspector that the staffing levels were based on the assessed needs of the residents. Staff spoken with confirmed there was adequate staff on duty. The inspector noted that to ensure continuity of care staff from the relief panel covered absences when required.

Records were maintained of staff training. These records showed that in addition to mandatory training staff members attended a range of other training in areas such as behaviours that challenge, first aid and medication management. Certificates of attendance were in the staff files. A large number of eLearning programmes had been developed to ensure that all staff had access to on-going training. Staff spoken with confirmed that there was a range of training available to them.

There were no volunteers in the service at this time.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

Sheila Doyle
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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
Centre ID:	ORG-0011113
Date of Inspection:	18 June 2014
Date of response:	14 July 2014

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 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

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

Fire training was not specific enough to guide the evacuation of a resident with particular needs.

Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

Training in the use of the evacuation chair was provided the day after the inspection (19/06/2014) and it comprised of a theoretical presentation and each staff member receiving practical training in the use of the evacuation chair. The inspector was notified

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

when the training was complete and a record of the training and the attendees was made available for inspection. The training included provision for staff to instruct others on duty in the use of the evacuation chair in the event of an emergency.

Proposed Timescale: 19/06/2014

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

Some staff had not attended training in relation to safeguarding residents and the prevention, detection and response to abuse.

Action Required:

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

Children First Training is provided for all staff and all staff have Protection and Welfare of Children and Vulnerable Adults (Children First) as part of their E-Training Package, which is mandatory for all staff. All staff within the centre have now had Children First Training provided.

Human Resource Department was made aware of the issue on the day and initiated a review of training records to identify any gaps.

Proposed Timescale: 31/07/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

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

There were inconsistencies and gaps in the documentation relating to some clinical needs such as diabetes, weight management and respiratory conditions.

Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

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

A review was initiated in conjunction with the Clinical Department to implement appropriate and individualised comprehensive health care plans for all Service Users

within the centre. Specific, rationale-driven health care plans are being put in place and will be accessible and easily understood in a way that will ensure clarity and delivery of appropriate care. This will be delivered through the Health Action Plans as directed from the Health Care Assessments. All related documentation will be accessible in each individual's Health Care Folder and will be referenced through the Individual Care Plan. The Internal Auditor will carry out an audit within two weeks of the completion of the proposed timescale.

Proposed Timescale: 31/07/2014