

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Nua Healthcare
<b>Centre ID:</b>	ORG-0011277
<b>Centre county:</b>	Laois
<b>Email address:</b>	p.whelan@nuahealthcare.ie
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Nua Healthcare
<b>Provider Nominee:</b>	Noel Dunne
<b>Person in charge:</b>	Philip Whelan
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	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: 11 June 2014 10:30 To: 11 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. There was evidence of compliance, in a range of areas, with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and this was reflected in a number of positive outcomes for residents. Staff supported residents to maximise their independence and encouraged them to make decisions and choices about their lives. Residents were supported to pursue their hobbies and interests. The centre was homely and comfortable and the inspector found that the residents at the centre during the inspection, were confident in meeting the inspector and outlining how they spent their day.

The inspector found the service was managed and run by a suitably qualified person in charge who was fully engaged in the governance and management of the designated centre. Staffing levels were suitable to meet the needs of the residents. Social care needs and health care needs were met and there was evidence of safe

medication management practices.

Improvement was required to ensure that staff files met the requirements of the Regulations. This is discussed in the body of 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 was satisfied that the care and support currently provided to residents sufficiently reflected their assessed needs and wishes.

The inspector reviewed a sample of personal care plans and found that the resident's care needs were identified and plans were put in place with the residents to address those needs. Where possible residents or relatives had signed to confirm that they were involved in the development of their plans and in regularly reviewing them with their key worker. Daily records were also maintained outlining how residents spent their day. Two key workers were assigned to each resident to ensure that one was always available and the inspector saw evidence that goals were described and plans put in place to meet those.

There was evidence that residents were supported in transition between services. A document called 'my hospital passport' had been developed for each resident. This contained useful information such as personal details about the resident, aids and assistive devices used, communication needs including how the resident would express pain etc.

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 included trips to the shops, community activities, baking and attending services provided in day centres. Staff confirmed that this changed depending on the wishes of the residents each day.

**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:**  
Compliant

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

**Findings:**  
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. There was an active health and safety committee and a health and safety audit of the premises was carried out on a monthly basis. Risk assessments were continually updated as risks were identified or changed for residents. The risk management policy had recently been updated and met the requirements of the Regulations. In addition individual policies were in place to guide practice on areas such as self harm or resident absconson.

The inspector found that adequate fire precautions had been put in place. There were regular fire drills and all staff had received training and staff and residents spoken with were knowledgeable. The inspector viewed evidence that fire equipment was serviced regularly.

The inspector read the emergency plan and saw that it had recently been updated and provided sufficient guidance for staff in the procedure to follow in the event of possible emergencies such as flood or power outage. In addition alternative accommodation for residents was available should evacuation be required. All staff had attended training in the moving and handling and a matrix was maintained to identify when additional training was 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:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

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

There was a policy in place on the prevention, detection and response to abuse and staff had received training. An eLearning programme had been developed to ensure that all staff had access to this training. Staff spoken with and the person in charge outlined the procedures they would follow should there be an allegation of abuse. All staff were aware of the designated liaison officer and her role within the organisation.

The inspector was satisfied that residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. The inspector saw where issues were discussed at residents' meetings and reminders in pictorial format on issues such as the right to privacy were on display in areas throughout the centre.

The inspector saw that residents were provided with sufficient supports to manage behaviour that challenges. The inspector observed staff interacting with residents in a respectful, warm and caring manner and residents and staff communicated freely between each other. 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. 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. The inspector noted that a review took place following such incidents and plans put in place to prevent reoccurrence.

A restraint free environment was promoted and restrictive procedures were used only as a last resort following full risk assessments. A robust policy was in place to guide this practice and behavioural support plans were developed.

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

**Judgement:**

Compliant

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that residents' health needs were met with appropriate input from multidisciplinary practitioners where required.

The inspector reviewed some personal plans and medical notes and saw that they 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.

The inspector was satisfied that residents' nutritional needs were met to an acceptable standard. Weights were recorded if residents had lost or gained weight. Some residents both chose and cooked their own meals making a wide range of meals available on a daily basis. The inspector saw that mealtimes were flexible and fitted around residents' social and work life. The inspector saw residents going in to the kitchen and preparing their own meals and snacks and one resident had made delicious scones for everyone.

**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 was satisfied that each resident was protected by the designated centres policies and procedures for medication management.

Having reviewed prescription and administration records, procedures for the storage of medication including those requiring refrigeration the inspector was satisfied that appropriate medication management practices were in place guided by a policy. All medications were administered by a social care worker. The team leader was currently developing additional safety measures such as individual photographs of each medication to further assist staff. Each resident's medication was supplied in a blister



pack and these were stored in a locked press. No resident was self medicating at the time of inspection. The staff spoken with were very clear of their role and responsibility as regards medication management and confirmed that they had undertaken training including practical competency assessments. There was a comprehensive policy in place to guide practice and there was evidence of regular reviews by the medical team.

No medications that required strict controls were in use at the time of inspection.

#### **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 had previously met with the organisation's director of services and the director of operations who 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 team leader told the inspector about recently completed customer satisfaction surveys relating to issues such as rights and access to the community. They are currently awaiting the results of this.

There was a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a recently appointed, suitably qualified, and experienced person in charge with authority, accountability and responsibility for the provision of the service. He also had responsibility for four other centres in the

locality. He was knowledgeable about the requirements of the Regulations and Standards, and had a good overview of the health and support needs and personal plans of the residents. He was clear about his role and responsibilities and about the management and the reporting structure in place in the organisation. The inspector saw that he was well known to the residents. The provider had established formal management meetings but line managers could also be contacted by phone or email at any time. 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:**

Non Compliant - Minor

**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 although improvement was required to one aspect of the recruitment process.

The inspector read a sample of staff files and saw that one of four reviewed did not meet the requirements of the Regulations. It did not contain any written references. Telephone references had been obtained. This did not meet the requirements of the Regulations or the centre's own recruitment policy which required three written references on headed paper.

The inspector reviewed a sample of staff rosters and noted that on the days 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 a relief panel was available from which absences were covered.

The inspector was satisfied that staff had access to up-to-date mandatory training and access to education and training to meet the needs of residents. A training plan was in place and the inspector confirmed that all staff had attended the mandatory training. Additional training was also provided including communication, first aid, safe

administration of medication and the management of behaviour that challenges. 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.

## **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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Nua Healthcare
<b>Centre ID:</b>	ORG-0011277
<b>Date of Inspection:</b>	11 June 2014
<b>Date of response:</b>	01 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 17: Workforce

**Theme:** Responsive Workforce

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

One of four staff files reviewed did not meet the requirements of the Regulations.

**Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

Human Resource Department immediately put an action plan in place to ensure requirements are met.

**Proposed Timescale:** 01/08/2014

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