

**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 Services
<b>Centre ID:</b>	OSV-0003389
<b>Centre county:</b>	Offaly
<b>Email address:</b>	lorraine.ryan@nuahealthcare.ie
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Nua Healthcare Services
<b>Provider Nominee:</b>	Noel Dunne
<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 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: 06 August 2014 10:30 To: 06 August 2014 16:30

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, residents and staff, 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 and collecting other information required to inform the inspection in other centres in the organisation.

Although improvements were identified, overall the inspector found that residents received a person centred quality service which was provided by a committed team of staff. Staff supported residents to maximise their independence and encouraged them to make decisions and choices about their lives. Residents' education and communications needs were promoted.

The safety of residents was promoted and a risk management process was in place for all areas of the centre. The risk management policy was recently updated to meet the requirements of the Regulations. Fire procedures were robust. The inspector was satisfied that measures were in place to protect residents being harmed or suffering abuse.

Improvements to some aspects of medication management were required. Improvement was also required regarding timely access to specialist services. These 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

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

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

**Findings:**

The inspector was satisfied that the care and support currently provided to residents sufficiently reflected their assessed needs and wishes. One issue relating to access to specialist services was identified and this is discussed in more detail under outcome 11.

The inspector reviewed a sample of personal plans and found that the resident's care needs were identified and plans were put in place with the residents to address those needs. Daily records were also maintained of how the residents spent their day. Two key workers were assigned to each resident and the inspector saw evidence that goals were described and plans put in place to meet those. The personal plans contained important information about the residents' life, their likes and dislikes, their interests, details of family members, circle of support and other people who are important in their lives. 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 workers.

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 and communication needs.

There was an extensive range of activities available to the residents both in the centre, in the nearby day service and out in the community. Transport was available within the centre. A daily plan was devised for each resident. Activities included trips to the shops, community activities and life skills training.

There was a large garden to the rear of the centre and this was very well equipped with appropriate activity equipment such as a basketball court, a trampoline and a climbing

frame which were very popular with the residents.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

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

**Theme:**

Effective Services

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

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

**Findings:**

The inspector found that the health and safety of residents and staff was promoted and protected.

There was a Health and Safety Statement in place. There was a health and safety committee which met on a regular basis. The health and safety officer carried out monthly audits and the results were shared at team leader meetings. The inspector saw that where action was required the person responsible for completion was identified and a timescale was set out.

The risk management policy was recently updated and met the requirements of the Regulations. Individual risk assessments were completed for each resident which included a risk assessment as appropriate for possible self harm, absconsion etc. and policies were in place to guide the practice. Risk assessments were also carried out on the use of staff vehicles to transport residents.

The inspector saw that the person in charge was currently developing an emergency plan and she discussed the proposed contents which provided sufficient detail to guide staff in the procedure to follow in the event of an emergency. In addition possible alternative accommodation for residents was organised should evacuation be required.

The inspector found that adequate fire precautions were in place. There were regular fire drills during day and evening hours and all staff had received training and staff spoken with were knowledgeable. The inspector viewed evidence that fire equipment was serviced regularly, as were fire alarms and emergency lighting. All staff had attended training in the moving and handling and a matrix was maintained by the organisation's head office to identify when additional training was required. There were infection control measures in the house including alcohol gels in appropriate places.

**Judgment:**

Compliant

## **Outcome 08: Safeguarding and Safety**

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

### **Theme:**

Safe Services

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

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

### **Findings:**

The 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.

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 by the residents and their key workers.

The inspector saw that residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to 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. 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. 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. Detailed individual crises management plans were in place and possible triggers and appropriate interventions were documented. Staff members were aware of the content of these plans and were aware of the need to update them as residents' needs changed. The inspector noted that each episode was analysed and plans put in place to prevent reoccurrence.

A restraint free environment was promoted and the inspector saw no evidence that restrictive practices were used.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

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

**Findings:**

Although there were examples of good practice the inspector was not satisfied that residents were consistently supported to achieve the best possible health in relation to two issues, access to appropriate allied health personnel and weight management.

The inspector saw that a resident had been reviewed on two occasions by an occupational therapist (OT). The last occasion was almost five months previously. The OT recommended that the resident be referred to the services of a physiotherapist. However it was unclear from the notes and from speaking with staff why this had not been arranged.

The inspector also saw that one resident had lost a significant amount of weight. Although his weight was being recorded daily the inspector could not find any evidence of a plan in place to address the weight loss. The resident had not been referred to a dietician and staff spoken with were unclear of the procedure to follow. Staff were also unable to tell the inspector how the body mass index was calculated. The inspector read the policy and saw that this did not provide sufficient guidance to staff in this area of managing weight loss. Otherwise the inspector was satisfied that residents' nutritional needs were met to an acceptable standard. The menu choices were on display. Choices were provided for residents who did not like the main option. Staff volunteered more appropriate choices when healthy eating was encouraged. The inspector saw that mealtimes were flexible and fitted around residents' social and work life. The inspector also saw that residents were supported in preparing and cooking the meals and in the cleaning up afterwards.

The inspector reviewed some care plans and medical notes and found that they had access to a general practitioner (GP), to an out of hours GP service and to a range of allied health professionals. Residents' files contained records of reviews by medical specialists.

**Judgment:**

Non Compliant - Moderate

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

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

**Findings:**

The inspector was satisfied that there was evidence of good practices. However further improvement was required regarding the prescribing of medication that required to be crushed. Clarity was also required around the administration of medications to be administered as and when required (PRN).

One resident required his medication to be crushed. The inspector reviewed his prescription and administration records and saw that this was not individually prescribed as such, in line professional guidelines. In addition, the policy did not provide sufficient guidance around this practice. A similar difficulty was seen around medications to be administered PRN. The inspector saw that the practice was that if prescribed, the staff could administer one dose should it be required. The policy was unclear in this regard.

Otherwise the inspector was satisfied that each resident was protected by the centre's procedures for medication management. Having reviewed prescription and administration records and procedures for the storage of medication the inspector was satisfied that appropriate medication management practices were in place.

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. Staff spoken with were knowledgeable about the medications in use.

**Judgment:**

Non Compliant - Minor

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a*



*suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

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

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

**Findings:**

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

The Director of Services and the Director of Operations previously 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 a clearly defined management structure that identified the lines of authority and accountability. 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. She 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 all the residents. She had also completed a train the trainer course which allowed her to provide some training to staff.

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 it out of office hours.

**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:**

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

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

**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 person in charge and deputy team leader 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 reviewed a sample of staff files and saw that they met the requirements of the Regulations. A checking system had been introduced by the Human Resource department to ensure that required information was in place.

The person in charge outlined how she held supervision meetings with the team leader on a monthly basis and the team leader also did this with the full team in the centre. The inspector read evidence of this in the staff files. Staff outlined the purpose of these meetings which included the provision of support, clarity on accountability and learning needs. Yearly appraisals were also carried out.

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 and the management of behaviour that challenges. 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.

**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:***

Sheila 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
<b>Centre ID:</b>	OSV-0003389
<b>Date of Inspection:</b>	06 August 2014
<b>Date of response:</b>	21 August 2014

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the 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 11. Healthcare Needs

**Theme:** Health and Development

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

A resident did not have access to appropriate allied health personnel in a timely manner.

**Action Required:**

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

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

The client in question had a series of health checks ( 10+) over the course of his placement and lengthy preparation is required to prepare the client. These

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

appointments took precedence over the physiotherapy appointment but this should have been prioritised. We will prioritise all access to allied health professionals for all clients in future.

**Proposed Timescale:** 21/08/2014

## **Outcome 12. Medication Management**

**Theme:** Health and Development

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

Some medication that required crushing was not prescribed as such. Clarity was required around the administration of medication to be administered as and when required.

**Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

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

Prescription has been changed to prescribe crushing. Crushing guidelines have been added to medication management policy. PRN protocol has been updated in the policy document.

**Proposed Timescale:** 21/08/2014