Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by Nua Healthcare Services
Centre ID:	OSV-0003379
Centre county:	Clare
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare Services
Provider Nominee:	Noel Dunne
Lead inspector:	Louisa Power
Support inspector(s):	Susan Geary (Day 2 only)
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	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 to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
22 September 2015 09:45	22 September 2015 18:45
23 September 2015 08:00	23 September 2015 16:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
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 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

The inspection was an announced registration inspection, took place over two days and was the first inspection of the centre by the Authority. As part of the inspection process, inspectors met with the regional manager, person in charge, residents and staff members. Following the inspection, an inspector also spoke with two professionals involved in the care of some residents. Inspectors observed practices and reviewed documentation such as personal plans, medical records, policies and procedures. The documentation submitted by the provider as part of the application process was submitted in a timely and precise manner and was examined prior to the inspection. Questionnaires completed by residents and their representatives were

also reviewed; the feedback was positive and is referenced in the body of the report.

The centre provided residential services and support for adults and young people with and intellectual disability in a homely setting. Inspectors found evidence of good practice in a number of areas. Residents' health and social care needs were met. A good rapport between residents and staff was evident throughout the inspection and staff supported residents in a respectful and dignified manner. Residents were supported to participate in meaningful activities, appropriate to their individual preferences and abilities; residents' independence and ability to communicate were maximised and residents were supported to develop and maintain family and community links. Residents were consulted with and participated in decisions about their care. Access to advocacy services was provided.

A number of improvements were identified to enhance the substantive evidence of good practice and 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. In particular, improvements were required in relation to the reporting of incidents, allegations and suspicions of abuse relating to young people.

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

Outcome 01: Residents Rights, Dignity and Consultation
Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Residents spoke positively about their care and the consideration they received. Residents stated and inspectors saw that the staff were readily available to them if they had any concerns. Interaction between residents and staff was observed and staff promoted residents' dignity and maximised their independence, while also being respectful when providing assistance.

Inspectors observed that residents and their representatives were actively involved in the centre. Residents were consulted about, and participated in, decisions about their care and the organisation of the centre. Minutes of weekly residents' meetings were made available to inspectors. Residents were offered the opportunity to raise issues/worries and decisions were made in relation to the weekly menu and activities. The meetings were used as a forum to discuss pertinent and contemporary issues such as road safety, healthy eating and fire safety.

Staff were observed to provide residents with choice and control by facilitating residents' individual preferences in relation to their daily routine, meals, assisting residents in personalising their bedrooms and their choice of activities. Residents were observed to choose how they would like to spend the day and staff provided support where needed.

Inspectors observed that residents were supported in a dignified and respectful manner. Residents' capacity to exercise personal independence was promoted. For example, residents' ability to perform tasks in relation to personal hygiene and dressing was identified and residents were encouraged to perform these tasks.

Residents were encouraged to maintain their own privacy and dignity. Staff were observed to knock before entering bedrooms. Adequate measures were taken to ensure that privacy and dignity was maintained during personal care. Residents' personal communications were respected and residents had access to a telephone.

There was a complaints policy, reviewed in May 2015, which was also available in an accessible format. The policy was displayed prominently in the entrance hall. The complaints policy identified the nominated complaints officer and also included an independent appeals process as required by legislation. The complaints form included a section where residents could indicate if they required support.

An inspector reviewed the complaints log detailing the investigation, responses, outcome of any complaints and whether the complainant was satisfied. Complaints were seen to be investigated promptly. Residents and their representatives stated that any complaints they may have had were dealt with promptly and were satisfied with the complaints procedure.

Residents were encouraged and facilitated to retain control over their own possessions. There was adequate space provided for storage of personal possessions. Records in relation to residents' valuables were maintained and updated regularly. Residents were supported and encouraged to do their own laundry with adequate facilities available. Residents had easy access to personal monies and, where possible, control over their own financial affairs in accordance with their wishes. Money competency assessments were completed for each resident and a money management plan was developed which outlined the supports and training needs, if any, required. Complete financial records that were easily retrievable were kept on site in respect to each resident. An inspector saw that an itemised record of charges made to each resident, money received or deposited on behalf of the resident, monies used and the purpose for which the money was used was maintained. Invoices/receipts were seen to be all itemised.

Residents are facilitated to exercise their civil, political and religious rights. Easy read information was provided to residents in relation to their rights. The person in charge confirmed that support would be provided if residents wished to exercise their right to vote. Residents were supported to attend religious services in line with their wishes.

The person in charge confirmed that residents had access to an independent advocate through the National Advocacy Service and reported that a representative was due to attend the centre at the end of September 2015 to meet with residents. Easy read information was provided to residents in relation to independent advocacy.

Judgment:
Compliant

Outcome 02: Communication
Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Residents were facilitated to communicate in line with the centre-specific policy, reviewed in January 2015. Residents had diverse communication needs; some residents did not use verbal communication.

Personal care plans viewed by inspectors were comprehensive and outlined individual requirements, interventions and goals in relation to effective communication. Staff demonstrated an awareness of the different communication needs of residents and implemented the information contained in personal care plans. Residents had access to specialist input from speech and language therapists who completed comprehensive communication assessments. Interventions recommended following these communication assessments had been incorporated into residents' personal plans. For example, staff were knowledgeable in relation to the meaning of a resident's signs and gestures, implemented a programme to widen a resident's vocabulary and had developed a visual schedule which was accessible to the resident and staff. Residents were facilitated to access assistive technology, aids and appliances, including tablet technology, to promote their full communication capabilities. Staff were knowledgeable in the use of the tablet technology and the various applications used for communication.

The centre was part of the local and wider community. Education, training, development and employment in the local community were supported. Residents used local amenities such as libraries, parks and sports facilities. Residents had access to a TV in the communal sitting room and a radio in the kitchen. Inspectors observed that the local newspaper was available in the centre.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community
Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:

Residents were supported to develop and maintain personal relationships and links with the wider community. Families were encouraged to be involved in the lives of residents.

Positive relationships between residents and family members were supported. Residents were facilitated to visit family members on a regular basis, including overnight visits. Residents were facilitated to keep in regular contact with family through telephone calls. There were adequate facilities for each resident to receive visitors and a number of areas were available if residents wished to meet visitors in private.

Staff stated and inspectors saw that families were kept informed of residents' well being on an ongoing basis. Records confirmed that families and residents attended personal planning meetings and reviews in accordance with the wishes of the resident.

Inspectors reviewed the policy in relation to visitors, which had been reviewed in January 2015. The policy outlined that there were no restrictions on visits unless at the request of the resident or when the visit or timing of a visit was deemed to pose a risk.

Residents were involved in activities in the community, in line with their wishes. Some residents attended education and training in the local community. Employment in the local community was encouraged and support was provided. A sports inclusion officer met with residents to increase community integration relating to sports. The person in charge outlined that efforts had been made to bring 'outside in' for some residents including music and pet therapy. Residents were supported to use local amenities such as libraries, sports facilities, local park and cinema.

Judgment:
Compliant

Outcome 04: Admissions and Contract for the Provision of Services
Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The policy on admissions, transfers and discharge or residents, which had been reviewed in January 2015, was made available to inspectors. The policy outlined the transparent criteria for admission. Residents' admissions were seen to be in line with the statement of purpose. The admission practices did take into account of the need to protect residents from abuse by their peers. However, the policy did not outline the need to protect residents from abuse by their peers. This was brought to the attention

of the regional manager who arranged for the policy to be updated and a copy of the updated policy was provided to the inspectors after the inspection.

An inspector reviewed documentation that outlined the transfer of a resident from another centre. An initial needs assessment had been completed prior to the transfer and a comprehensive internal transition document was prepared outlining to staff the resident's interests, like and dislikes, communication supports and resources that may be required within the centre. Minutes of residents' meetings confirmed that residents were informed of potential admissions.

Written agreements with residents and their representatives which dealt with the support, care and welfare of the resident in the centre and included details of the services to be provided for that resident had been provided to each resident. The fees and additional charges were included in these agreements. The contracts were also available in an accessible version.

Judgment:
Substantially Compliant

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Inspectors reviewed a sample of personal care plans and it was clear that residents were consulted with and participated in the development of personal plans. An ability, skills and needs assessment had been completed for all residents viewed. The assessment outlined resident's background and comprehensive information in relation to a number of areas, including emotional wellbeing, support network, education, self-care and practical skills, rights, safeguarding, finances and future plans. The information included in the assessment was specific to the resident and was used to develop an individualised person care plan (PCP) for each resident. The PCP outlined each resident's needs in many areas including health and wellness, medicines management, daily occupation, communication, sensory needs, independent skills development, transport, safeguarding, finances and religion.

Goals and objectives were outlined in the PCPs viewed. There was evidence of residents' involvement in agreeing/setting residents' goals. The PCP and an action plan were made available to each resident which outlined goals in an accessible format. There was also evidence of individual goals having been achieved. The person responsible for supporting residents in pursuing goals within the specified timeframe was not always clearly identified.

Inspectors noted that there was a monthly and quarterly review of the goals set. Goals were reviewed and any difficulties encountered in meeting goals were identified. The person in charge confirmed that PCPs were subject to a review on an annual basis or more frequently if circumstances change. Inspectors saw evidence that all reviews were carried out with the maximum participation of each resident. The annual review did assess the effectiveness of the plan and reviewed the goals/aspirations that had been identified. There was evidence of multidisciplinary team involvement and the recommendations and input of the multidisciplinary team were reviewed and discussed at the annual review. Changes in circumstances and new developments were included in the PCP and amendments were made as appropriate.

A booklet was available for staff to record relevant and important information in the event of a resident being transferred to hospital. The booklet was completed in advance and contained comprehensive information in relation to the needs of residents including communication, personal care and healthcare.

As outlined in Outcome 4: Admission and Contract for the Provision of Services, residents were supported moving between services and planned supports were in place on transfer.

Judgment:
Non Compliant - Moderate

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

Findings:
The design and layout of the centre was in line with the centre's statement of purpose and met residents' individual and collective needs in a homely and comfortable way. The

centre was a detached two-storey domestic dwelling located in a relatively rural location. A safe outdoor space was provided to the front and rear of the premises.

There was adequate private and communal space for residents. Each resident had their own bedroom which was personalised with the resident's choice of soft furnishings, photographs of family and friends and personal memorabilia. Ample storage space was provided for residents' personal use. Apart from the residents' own bedrooms, there were options for residents to spend time alone if they wished with a number of communal areas available including a large sitting room and an open plan kitchen-dining area. All rooms were of a suitable size and layout for the needs of residents.

On the ground floor, there were two en-suite bedrooms occupied by residents and a bedroom used by staff which doubled as an office space. There was a separate kitchen fitted with appropriate cooking facilities and equipment. Adequate dining facilities were provided in the kitchen. In the utility room adjacent to the kitchen, adequate laundry facilities were provided and residents were supported to launder their own clothes if they so wish. There was a comfortable sitting room with couch, armchairs and beanbags.

On the first floor, there were two bedrooms for use by residents; one was en-suite and the other was adjacent to a bathroom. There was a recreation room with comfortable seating, puzzles, jigsaws, painting supplies and a television.

There were adequate sanitary facilities provided throughout. En-suite facilities contained a toilet, sink and shower. The bathrooms each comprised a bath, sink and toilet.

The centre was clean, suitably decorated and well maintained. Staff reported that the residents had input into the décor of the centre and communal and private areas had been personalised with photographs and other memorabilia. There was suitable heating, lighting and ventilation and the centre was free from major hazards. There were suitable and sufficient furnishings, fixtures and fittings. There were suitable arrangements for the safe disposal of clinical and general waste.

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:

Overall, the provider was committed to protecting and promoting the health and safety of residents, staff and visitors. Inspectors noted that a proactive approach had been implemented in relation to risk management.

There was a safety statement in place which was last reviewed in January 2015. This was augmented by a health and safety policy, last reviewed in January 2015. These documents outlined broad safety statements, the procedures for recording, reporting and investigation of accidents, a range of centre-specific risk assessments, an assessment of each risk and the controls identified as necessary to reduce each risk. The risks identified specifically in the Regulations were included in the risk register. There was evidence that risk assessments had been implemented in practice and were kept under continual review. However, an inspector saw that controls in place to mitigate the risks related to clinical waste were not outlined. This was brought to the attention of the regional manager who updated the related risk assessment.

There was a comprehensive emergency plan displayed in the centre which covered events such as natural disasters and utility failure. Provision was made to cover an event where the centre may be uninhabitable.

Inspectors saw that accidents and incidents were identified, reported on an incident form and there were arrangements in place for investigating and learning from accidents. Incident forms were reviewed by the regional manager in a timely fashion.

Suitable fire equipment was provided throughout the centre. There was an adequate means of escape. Fire exits were unobstructed. The clear procedure for safe evacuation of residents and staff in event of fire was displayed in a number of areas. The fire panel was serviced on a quarterly basis, most recently in August 2015. Fire safety equipment is serviced on an annual basis, most recently in June 2015. Emergency lighting had been installed in August 2015. Fire drills took place regularly, at different times of the day and evening and a detailed description of the fire drill, duration, participants and any issues identified were made available to inspectors. Records of weekly fire checks were made available to inspectors. These checks included inspection of the fire panel, equipment and escape routes. The training matrix confirmed that mandatory fire training was up to date for all staff. Staff with whom inspectors spoke demonstrated good knowledge in relation to fire safety and the procedure to follow in event of a fire.

A personal emergency evacuation plan (PEEP) was seen to have been developed for all residents. The PEEP took into account the number of staff required to evacuate the resident, the ideal means and route of evacuation and the location of the resident. The resident's PEEP was displayed in written or pictorial format on the back of the resident's bedroom door.

Staff stated and inspectors observed that residents did not have routine manual handling requirements. The training matrix confirmed that all staff had completed mandatory manual handling training.

Policies were in place for the prevention and control of infection, reviewed in January 2015, which was comprehensive and would effectively guide staff. The centre was visibly clean, personal protective equipment (PPE) was provided and there were

adequate hand sanitising and washing facilities. Infection control training had been provided for all staff in 2014/2015. There was a clear daily and weekly cleaning protocol in place which was observed to be implemented by staff.

Two vehicles were available to transport residents. Records made available confirmed that the vehicles were roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained. Inspectors observed that staff completed a weekly safety check of both vehicles and swift action was taken in response to any issues identified, e.g. low oil levels.

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

Findings:
There was a policy and procedure in place in relation to the safeguarding of vulnerable adults, reviewed in April 2015. The policy identified the designated safeguarding officer and their deputy. The policy and procedure were comprehensive, evidence based and would effectively guide staff in the reporting and investigation of incidents, allegations or suspicions of abuse. However, the policy did not include a reporting pathway if the allegation was made against a member of the management team. The policy did not adequately inform practice in relation to peer abuse and required update in relation to relevant bodies for reporting.

The intimate care policy had been reviewed in January 2015 and outlined how residents and staff were protected. Each resident had a personal care plan which was reviewed on a regular basis. The plan outlined in detail the supports required, resident's preference in relation to the gender of staff delivering personal care.

Training records confirmed that all staff had received training in relation to responding to incidents, suspicions or allegations of abuse. Training in relation to Children First was provided by e-learning and the training matrix confirmed that all staff had completed

this training. Staff with whom inspectors spoke were knowledgeable of what constitutes abuse and of steps to take in the event of an incident, suspicion or allegation of abuse.

The person in charge monitored the systems in place to protect residents and ensure that there are no barriers to staff or residents disclosing abuse. A robust recruitment and selection procedure was implemented, all staff received ongoing training in understanding abuse and staff stated that there was an open culture of reporting within the organisation.

Records were provided that confirmed that all incidents, allegations and suspicions of abuse had been recorded and it was observed that the appropriate safeguards had been put in place. However, notifications to the Chief Inspector reviewed indicated that some allegations or incidents had been reported to the Health Service Executive (HSE) and not the Child and Family Agency, which would be the appropriate authority. An inspector spoke with two professionals who should have been aware of such incidents and both reported that they had no record of some reports.

A centre-specific policy was in place to support residents with behaviour that challenges, reviewed in January 2015. The policy was comprehensive and focussed on understanding the function of the behaviour, responding and communicating appropriately and identifying triggers for the behaviour. Training records confirmed that training was provided to staff in the management of behaviour that is challenging including de-escalation and intervention techniques.

Inspectors reviewed a selection of plans to support residents with behaviour that challenges and spoke with staff. Residents and their representatives were involved in discussions and reviews that had been arranged to support residents to manage their own behaviour. Specialist input had been sought and clear strategies were in place to support residents to manage their own behaviour and staff were able to describe the proactive and reactive strategies in use.

Environmental restraint was in use; the use was guided by a centre-specific policy and followed an appropriate assessment. The policy had been reviewed in January 2015, was comprehensive and was in line with evidence-based practice. A risk balance tool was used prior to the use of environmental restraint, multi-disciplinary input was sought and less restrictive alternatives were considered.

Judgment:
Non Compliant - Major

Outcome 09: Notification of Incidents
A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Inspectors noted that a comprehensive record of all incidents was maintained. Notifications to the Authority were made in line with the requirements of the Regulations.

Judgment:
Compliant

Outcome 10. General Welfare and Development
Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Residents' opportunities for new experiences, social participation, education, training and employment were facilitated and supported.

The policy on access to education, training and development was made available to the inspectors and had been reviewed in January 2015.

The ability, skills and needs assessment included education history, achievements, abilities, skills and strengths, attitude to school and learning, present situation, future options and supports required. This assessment established each resident's educational, employment and training goals which was outlined in the resident's individual education. Support and transport was provided to facilitate residents to attend part-time employment and adult education in the community. A tutor visited to provide an individualised adult education programme.

Residents were encouraged to develop practical life skills such as laundry, baking, cooking, money management and personal care. Social stories and easy read information was provided to residents to relation to practical life skills.

Residents were involved in social activities internal and external to the centre. A music therapist visited the centre on a weekly basis to provide an individualised session. A therapy dog had visited the centre recently which residents had enjoyed. Residents with whom inspectors spoke outlined that they like to spend their leisure time bowling or

playing pool in the local sports centre, visiting the library, shopping for treats or clothes, walking in local parks, going to the cinema, dining out or attending sporting events. A resident went to the annual ploughing championships on the second day of the inspection.

Inspectors observed that there was good communication and engagement between the centre and the school attended by residents. Young people participated in education that supported them in achieving their potential.

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:
Residents' healthcare needs were met through timely access to health care services and appropriate treatment and therapies. A medical practitioner of their choice was available to each resident and an "out of hours" service was available if required. Inspectors saw that residents were reviewed by the medical practitioner regularly and medical advice and consultation was seen to be sought in a timely fashion. There was clear evidence that where treatment was recommended and agreed by residents, this treatment was facilitated. Residents' right to refuse medical treatment was respected.

Where referrals were made to specialist services or consultants, inspectors saw that staff supported residents to attend appointments. In line with their needs, residents had ongoing access to allied healthcare professionals including dental, psychiatry, psychology, optical, chiropody, occupational therapy, dietetics and audiology.

A comprehensive health assessment was completed at least annually. Health management plans were developed in line with residents' assessed healthcare needs. Where residents did not communicate verbally, health management plans outlined how a resident would indicate if they were unwell or in pain.

Residents were encouraged and enabled to make healthy living choices in relation to exercise, weight control and healthy eating. Residents' weights and body mass index (BMI) were monitored on a regular basis; residents' weights were stable and within a healthy range. The policy on food and nutrition made available to inspectors outlined the appropriate use of the Malnutrition Universal Screening Tool (MUST). A process was in

place to make referrals to a dietician, when appropriate. Residents were encouraged to be active through sports and walking.

Residents were encouraged to be involved in the preparation and cooking each meal. A weekly menu planner was displayed in the kitchen which indicated that a choice was provided for all meals. Residents were involved in the development of the weekly menu. The meals outlined by staff and residents were nutritious and varied. There were ample supplies and choice of fresh food available for the preparation of meals. Outside of set mealtimes, residents had access to a selection of refreshments and snacks. There was adequate provision for residents to store food in hygienic conditions.

Residents and their representatives were consulted about and involved in the meeting of their own health and medical needs. Health information specific to residents' needs was available in an easy read format.

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

Findings:
Medicines for residents were supplied by a local community pharmacy. Staff confirmed that the pharmacist was facilitated to meet his/her obligations to residents in accordance with the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. There was a centre-specific medication policy, which had been reviewed in April 2012, detailing the procedures for safe prescription, ordering, transport, storage, administration and return/disposal of medicines.

Staff demonstrated an understanding of medicines management and adherence to guidelines and regulatory requirements. Residents' medication was stored securely and there was a robust key holding procedure. Medicines requiring additional controls were stored and managed in line with the relevant legislation.

A sample of medication prescription and administration records was reviewed. Medication administration sheets identified the medications on the prescription sheet and allowed space to record comments on withholding or refusing medicines.

An individual medicines management plan had been developed for each resident which

was person-centred and outlined the resident's preferences in relation to the administration of medicines. Patient information leaflets were made available in an accessible format to residents.

Staff confirmed that no resident was taking responsibility for their own medicines at the time of the inspection. However, the medicines management policy outlined that the comprehensive and personalised risk assessment to be completed prior to a resident taking responsibility for their own medicines, in line their wishes and preferences.

Staff outlined the manner in which medications which are out of date or dispensed to a resident but are no longer needed are stored in a secure manner, segregated from other medicinal products and are returned to the pharmacy for disposal. A written record was maintained of the medicines returned to the pharmacy which allowed for an itemised, verifiable audit trail.

Staff confirmed that there was a checking process in place to confirm that the medicines received from the pharmacy correspond with the medication prescription records. Stock levels of 'as required medicines' were checked and reconciled on a monthly basis. A system was in place for reviewing and monitoring safe medicines management practices. The results of the monthly medication management audit were made available. The audit identified pertinent deficiencies and actions had been completed.

When residents left the centre for holidays or days out, a documented record was maintained of the quantity and medicines given to the resident and/or their representative. This record was signed by staff and the resident and/or their representative. A similar record was maintained when the resident returned to the centre and the quantities were reconciled by staff.

A sample of medication incident forms were reviewed and an inspector saw that errors were identified, reported on an incident form and there were arrangements in place for investigating incidents. Learning from incidents was clearly documented and preventative actions were seen to be implemented.

The training matrix confirmed that annual medicines management training had been provided and attended by all staff.

Judgment:
Compliant

Outcome 13: Statement of Purpose
There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The statement of purpose consisted of the aims, objectives and ethos of the designated centre and statement as to the facilities and services that were to be provided for residents. Inspectors found that the Statement of Purpose was clearly implemented in practice. The statement of purpose was made available to residents and their representatives. The statement of purpose seen on inspection had been last reviewed in September 2015.

The statement of purpose contained many of the information required by Schedule 1 of the Regulations. The arrangements for emergency admission were not clearly outlined in the Statement of Purpose.

Judgment:
Substantially 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):
This was the centre's first inspection by the Authority.

Findings:
There was evidence of a defined management structure that identified the lines of authority and accountability, specified roles, and details of responsibilities for all areas of service provision. During the course of the inspection, anomalies were noted in relation to safeguarding and documentation which highlight that the management systems did not provide effective governance, operational management and administration of this centre. This is further discussed in Outcome 8: Safeguarding and Safety and Outcome 18: Documentation.

The person in charge had been appointed in July 2015. The person in charge was employed full time by the organisation. The person in charge was suitably qualified; she had completed a BA (Social Studies - Disabilities) in 2013 and a post-graduate diploma in management in 2014. The employment history of the person in charge indicated that

she had supported people with a disability since 2006.

The regional manager outlined that she visited the centre regularly and inspectors observed that she was familiar with staff and residents. The person in charge reports to the regional manager and there was evidence of regular formal supervision and appraisal.

An annual review of the quality and safety of care and support in the designated centre was not made available to inspectors. A written report of an unannounced visit by the registered provider, or a person nominated by the registered provider, was not made available to inspectors.

Judgment:
Non Compliant - Moderate

Outcome 15: Absence of the person in charge
The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The provider had informed the Chief Inspector of the absence of the person in charge for 28 days or more, the arrangements to cover for the absence and subsequent change to person in charge.

There were adequate arrangements in place for the management of the centre when the person in charge is absent. The deputy team leader was identified to deputise for the person in charge in her absence. An inspector spoke with the deputy team leader who demonstrated that he had a good understanding of his responsibilities when deputising for the person in charge. Inspectors were satisfied that suitable arrangements were in place for the management of the designated centre in the absence of the person in charge.

Judgment:
Compliant

Outcome 16: Use of Resources
The centre is resourced to ensure the effective delivery of care and support in

accordance with the Statement of Purpose.

Theme:
Use of Resources

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
Inspectors found that centre was adequately resourced to ensure the effective safe and effective delivery of care and support in accordance with the Statement of Purpose. Sufficient resources were available to provide support in achieving the planned goals and aspirations. Inspectors observed that there was sufficient transparency in planning and deployment of resources in the centre. The facilities and services available in the designated centre reflected the Statement of Purpose.

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

Findings:
There was a planned and actual staff roster in place which showed the staff on duty during the day and sleepover staff on duty at night. Based on observations, a review of the roster and these inspection findings, inspectors was satisfied that the staff numbers, qualifications and skill-mix were appropriate to meeting the number and assessed needs of the residents. A regular team supported residents and this provided continuity of care and support.

A sample of staff files was reviewed and found to contain all the required elements. There was evidence of effective recruitment and induction procedures; in line with the policy reviewed in March 2015.

Robust procedures were in place for formal supervision of staff. The person in charge or

the deputy team leader met with staff formally on a monthly basis. The supervision was of good quality and actions improved practice and accountability.

Team meeting took place on a monthly basis. Minutes made available to inspectors outlined that a report on each resident was discussed as well as accidents, incidents, training, audit results and policies. Inspectors saw that copies of both the regulations and the standards had been made available to staff and staff spoken with demonstrated adequate knowledge of these documents.

Staff training records demonstrated a proactive commitment to the ongoing maintenance and development of staff knowledge and competencies the programme reflected the needs of residents.

The person in charge confirmed that volunteers did not visit the centre.

Judgment:
Compliant

Outcome 18: Records and documentation
The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

Outstanding requirement(s) from previous inspection(s):
This was the centre's first inspection by the Authority.

Findings:
The records listed in Schedules 2, 3 and 4 of the Regulations were maintained in the centre. All of the key policies as listed in Schedule 5 of the Regulations were in place and reflected the centre's practice. These policies were made available to staff and discussed at staff meetings. Staff with whom inspectors spoke demonstrated a clear understanding of these policies.

An inspector reviewed a sample of staff files and found that they contained all of the information required under Schedule 2 of the Regulations.

Residents' records as required under Schedule 3 of the Regulations were maintained. The residents' directory was up-to-date. Records listed in Schedule 4 to be kept in a

designated centre were all made available to inspectors.

Records were kept securely, were easily accessible and were kept for the required period of time. Residents' records were stored securely. Inspectors found that the system in place for maintaining files and records was very well organised. However, significant anomalies were seen in some documentation particularly in relation to contact with family and significant others.

The centre was adequately insured against accident or injury and insurance cover complied with the all the requirements of the Regulations.

Judgment:
Non Compliant - Major

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:

Louisa Power
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[1]

Centre name:	A designated centre for people with disabilities operated by Nua Healthcare Services
Centre ID:	OSV-0003379
Date of Inspection:	22 and 23 September 2015
Date of response:	02 November 2015

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 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Plans were not specific; they did not always identify the person responsible for the objectives within the agreed timescales.

1. Action Required:
Under Regulation 05 (7) you are required to: Ensure that recommendations arising out

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

of each personal plan review are recorded and include any proposed changes to the personal plan; the rationale for any such proposed changes; and the names of those responsible for pursuing objectives in the plan within agreed timescales.

Please state the actions you have taken or are planning to take:
Action: Nua Healthcare Services take on board the views and findings of the Inspectors and a policy around minute taking will be developed and communicated to the staff team.

Proposed Timescale: 01/12/2015

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The safeguarding policy did not include a reporting pathway if the allegation was made against a member of the management team, did not adequately inform practice in relation to peer abuse and required update in relation to relevant bodies for reporting.

2. Action Required:
Under Regulation 08 (3) you are required to: Investigate any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.

Please state the actions you have taken or are planning to take:
Action: Nua Healthcare Services take on board the views and findings of the Inspectors and the Safeguarding Policy will be updated in line with the National policy & Procedure on Safeguarding Vulnerable Persons at Risk of Abuse.
Note: Update will take account the inspectors comments on the reporting pathway and peer abuse.

The Policy will be communicated to all centres across the service.

Proposed Timescale: 01/12/2015

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The reporting requirements were not complied with where there was an incident, allegation or suspicion of abuse in relation to a young person.

3. Action Required:
Under Regulation 08 (5) you are required to: Ensure that the requirements of national guidance for the protection and welfare of children and any relevant statutory

requirements are complied with where there has been an incident, allegation or suspicion of abuse or neglect in relation to a child.

Please state the actions you have taken or are planning to take:
Nua Healthcare wish to acknowledge failings on communication process.

Action: A full debrief to be done with the staff team on the importance of communicating in line with regulation and company policy with relevant stakeholders.

Action: Provide Quality Officers with debrief of communication failings and instruct them to be vigilant during the auditing process of any such occurrence and to escalate same to senior management for their urgent attention.

Nua Healthcare wish to provide the inspectors with assurances that every effort will be taken to mitigate the potential of reassurances in the future.

Proposed Timescale: 01/12/2015

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The statement of purpose did not include all of the information required under Schedule 1.

4. Action Required:
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:
Action: Nua Healthcare Services take on board the views and findings of the Inspectors and the Statement of Purpose will be updated to meet requirements under Schedule 1(15) to refer to Service User's Social Worker. An appendix will be attached to Statement of Purpose with relevant details.

Proposed Timescale: 01/12/2015

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

Anomalies were highlighted in relation to safeguarding and documentation which highlight that the management systems in place did not provide effective governance, operational management and administration of this centre.

5. Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
Nua Healthcare wish to acknowledge failings on communication process.

Action: Provide Quality Officers a debriefing of communication failings and instruct them to be vigilant during the auditing process of any such occurrences and to escalate same to senior management for their urgent attention.

Action: A briefing to take place with all PIC's across the company on the validity and accuracy of all documentation and records within their respective centres.

Nua Healthcare wish to provide the inspectors with assurances that every effort will be taken to mitigate the potential of reassurances in the future.

Proposed Timescale: 01/12/2015

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
A written report of an unannounced visit by the registered provider, or a person nominated by the registered provider, was not made available to inspectors.

6. Action Required:
Under Regulation 23 (2) (b) you are required to: Maintain a copy of the report of the unannounced visit to the designated centre and make it available on request to residents and their representatives and the chief inspector.

Please state the actions you have taken or are planning to take:
Action: Nua Healthcare Services take on board the views and findings of the Inspectors and the Unannounced visit report to be complete on the centre and made available on request.

Proposed Timescale: 01/12/2015

Theme: Leadership, Governance and Management

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

An annual review of the quality and safety of care and support in the designated centre was not made available to inspectors.

7. Action Required:
Under Regulation 23 (1) (f) you are required to: Ensure that a copy of the annual review of the quality and safety of care and support in the designated centre is made available to residents and, if requested, to the chief inspector.

Please state the actions you have taken or are planning to take:
Action: Nua Healthcare Services take on board the views and findings of the Inspectors and the Annual review of quality and safety of care and support report to be made available on request.

Proposed Timescale: 01/12/2015

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Significant anomalies were seen in some documentation particularly in relation to contact with family and significant others.

8. Action Required:
Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

Please state the actions you have taken or are planning to take:
Nua Healthcare wish to acknowledge failings on communication process.

Action: A full debrief to be done with the staff team on the importance of communicating in line with regulation and company policy with relevant stakeholders.

Action: Provide Quality Officers a debriefing of communication failings and instruct them to be vigilant during the auditing process of any such occurrences and to escalate same to senior management for their urgent attention.

Action: A briefing to take place with all PIC's across the company on the validity and accuracy of all documentation and records within their respective centres.

Nua Healthcare wish to provide the inspectors with assurances that every effort will be taken to mitigate the potential of reassurances in the future.

Proposed Timescale: 01/12/2015