<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Nua Healthcare Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003389</td>
</tr>
<tr>
<td>Centre county:</td>
<td>Offaly</td>
</tr>
<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
</tr>
<tr>
<td>Registered provider:</td>
<td>Nua Healthcare Services</td>
</tr>
<tr>
<td>Provider Nominee:</td>
<td>Noel Dunne</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Karina O'Sullivan</td>
</tr>
<tr>
<td>Support inspector(s):</td>
<td>Conor Dennehy</td>
</tr>
<tr>
<td>Type of inspection</td>
<td>Announced</td>
</tr>
<tr>
<td>Number of residents on the date of inspection:</td>
<td>4</td>
</tr>
<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>4</td>
</tr>
</tbody>
</table>
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 1 day(s).

The inspection took place over the following dates and times

From: 10 December 2015 10:30
To: 10 December 2015 12:00

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

<table>
<thead>
<tr>
<th>Outcome 06: Safe and suitable premises</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome 17: Workforce</td>
</tr>
</tbody>
</table>

Summary of findings from this inspection

An announced inspection was carried out following an application by the provider to vary the occupancy from five residents to eight residents in their registered designated centre.

Building works were nearing completion with December 2015 being the expected end date. Inspectors visited the designated centre and met with staff including the person in charge, regional manager and the regional director of operations.

Inspectors found that the location design and layout of the extension will be suitable for the stated purpose. The needs of residents' will be met in a comfortable and homely environment once the extension works are completed.

All proposals outlined and plans discussed will be verified at the next inspection.

The findings from the inspection are discussed further in the body of the report. No actions were required from this inspection.
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 06: Safe and suitable premises
The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

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

Findings:
Inspectors found that the location, design and layout of the extension were suitable for the stated purpose.

Extensive renovations were nearing completion at the time of inspection. Inspectors noted that work was still required on some aspects of the premises such as flooring, paintwork and the installation of fittings such as some hand basins and toilets. The progress was discussed with the maintenance manager who confirmed that plans were already in place to complete outstanding work.

Furniture has been purchased for the building and delivery will occur once the building work will be completed. The director of operations explained that the overall increase is from five to eight residents and one of the existing bedrooms in the centre will no longer be in use as a bedroom and will be used for alternative activities.

The new extended property is very spacious and will have an open plan kitchen cum dining area, separate living room and relaxation room. There will be three en suite bedrooms and one wheelchair accessible wet room. The bedrooms in the house are of a suitable size with adequate storage facilities for residents' personal use.

Within the extension there will be a self contained apartment which has a kitchen cum dining and living area and a separate en suite bedroom. This area will facilitate one resident to live independently with staff support.

One room will be set aside as a staff office. All files and medications will be stored there. This will also be used to accommodate staff when on sleepovers.

Inspectors found the proposed designated centre will meet the requirements of
Schedule 6 in the Regulations. For example, the proposed designated centre will be suitably heated and will have suitable kitchen and laundry facilities. Adequate private and communal accommodation will also be available.

There are garden areas to the side and rear of the building which will be landscaped. The centre will be secured with appropriate fencing and gates with adequate space available for parking.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 17: Workforce</th>
</tr>
</thead>
<tbody>
<tr>
<td><em>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.</em></td>
</tr>
</tbody>
</table>

**Theme:**
Responsive Workforce

<table>
<thead>
<tr>
<th>Outstanding requirement(s) from previous inspection(s):</th>
</tr>
</thead>
<tbody>
<tr>
<td>No actions were required from the previous inspection.</td>
</tr>
</tbody>
</table>

**Findings:**
The entire outcome was not inspected on this occasion as proposed residents were not identified nor were all proposed staff identified.

From the information available at inspection, inspectors were satisfied that there will appropriate staff numbers with the necessary skill mix to meet the assessed needs of residents and the safe delivery of services. Evidence was available that all staff will be supervised on an appropriate basis and recruited, selected and vetted in line with the requirements of the Regulations.

Supervisory meetings are to be held with each staff member on a monthly basis. A competency review will also be carried out on a yearly basis. This will include both self assessment and assessment by the line manager. The person in charge outlined the purpose of these meetings which included the provision of support, identifying training needs and the opportunity to voice any issues or concerns.

A training plan was in place for the organisation. Records of staff training were maintained. There was evidence that staff had attended a range of training in areas such as risk management, alternative communication, autism and mental health. Inspectors viewed the site specific induction training in place for the designated centre. The person in charge and the regional manager confirmed that additional training will be provided to staff if required to meet the needs of the residents once the needs and care
requirements of the new residents are identified.

It was not expected that volunteers will be involved with the centre. Should that change, the person in charge was aware of the requirements of the Regulations in this regard.

Inspectors did not review a sample of staff files on this occasion as staff files were not available on the premises. These will be reviewed at the next inspection when all staff have been identified and recruited to ascertain if the files meet the requirement of the regulation.

**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:**

Karina O'Sullivan
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority