

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	The Pines
Centre ID:	OSV-0005303
Centre county:	Laois
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare Services
Provider Nominee:	Noel Dunne
Lead inspector:	Louise Renwick
Support inspector(s):	Paul Pearson
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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 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: 25 October 2016 10:00 To: 25 October 2016 17:30

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

Background to the inspection:

This centre had been inspected in October 2015 as part of an application to register. The centre was not operational at that time and no residents were living there. This was the second inspection of the centre and the purpose was to meet the newly appointed person in charge and monitor ongoing compliance with the Regulations and Standards.

Description of the service:

This centre caters for four adults over the age of 35 with intellectual disabilities and autism. It is located within walking distance of a town in a housing estate. The centre is a large three storey house with each resident being afforded their own bedroom, three of which are en-suite. The centre is staffed with social care workers and assistant support workers.

How we gathered our evidence:

Inspectors spoke with four residents, the person in charge and one staff member. Inspectors briefly met two other staff members at the beginning and end of their shift. Documentation was reviewed, such as policies, personal plans, health management plans, risk assessments, minutes of meetings and records of adverse events. Inspectors also visited Nua Healthcare's main office in Naas at the end of the inspection to review staff files and training records.

Overall judgment:

Inspectors found compliance in all seven outcomes and determined that the facilities and services offered to residents were of good quality and promoted residents' safety. Residents expressed satisfaction with their home, the staffing team and their lives and outlined to inspectors that they felt well supported and safe living there. There was a clear management structure in place along with management systems to ensure the ongoing monitoring and review of the service. The provider had appointed a suitable person in charge and staff team to work in the centre, and there was evidence that residents' personal, health and social care needs were met.

There are no actions to be addressed and the findings are outlined in the body of the report.

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 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):

No actions were required from the previous inspection.

Findings:

Inspectors determined that the support offered to residents was consisted with what was assessed and planned for in their personal plans. Residents in the centre were supported and encouraged to be as social as they wished. Residents explained to inspectors how they liked to spend their week and their roles within the community. For example, local employment, using local amenities and taking part in events as part of the day services. Residents were encouraged to use public transport were suitable.

Inspectors spoke with residents and reviewed documentation and found that residents' risks, needs and desires were assessed and planned for in consultation with each individual. Residents had short-term and long-term goals and aspirations and spoke proudly of their achievements. Inspectors found that residents were in control of the direction of their lives.

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):

No actions were required from the previous inspection.

Findings:

Inspectors found that individual risks were identified, assessed and documented on residents' files. These were reviewed regularly or in light of changes. For example, following an accident or incident.

Residents living in the centre had individual risk assessments completed and profiles in relation to previously risk taking behaviour or past incidents of concern. Risk assessments were reviewed regularly and supports had been put in place from the multidisciplinary team along with the staff team to support residents to maintain positive mental health. For example access to regular psychotherapy and psychiatric review. Residents spoke with inspectors about their progress since living in the organization and records indicated that therapeutic interventions had been successful. At the time of inspection, inspectors found that staff and management were aware of the potential risks in the centre should a resident deteriorate and the control measures in place to reduce or manage these.

Inspectors found there to be adequate fire safety systems in place in the designated centre. For example, there was a fire detection and alarm system, fire fighting equipment and emergency lighting system. Routine servicing and checks were carried out by relevant professionals and documented.

Inspectors found that there was a written fire procedure on display and fire drills were carried out and recorded on a routine basis. There was a detailed emergency plan outlining how to deal with certain events such as the loss of power or flooding.

Staff informed inspectors that they had received training in fire safety and evacuation both online and in person in the designated centre by a fire professional and training records supported this. Residents were aware of the assembly point and the need to evacuate the building should the alarm sound. Residents who smoked, did this outside of the building.

Inspectors reviewed records of accidents, incidents and other adverse events and found there to be a low number of incidents in the centre. Each recorded incident was reviewed by the person in charge and also a member of the clinical team if this was deemed necessary. Inspectors found that additional supports were put in place following any incident and supports offered were based on the probability of risk, with a focus on ensuring residents' independence was promoted.

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):

No actions were required from the previous inspection.

Findings:

Inspectors determined that there were measures in place to safeguard residents from abuse or harm. Staff had received training in the protection of vulnerable adults and could outline to inspectors the steps to take should a resident disclose an allegation of abuse. Training records indicated all staff had received this training and there was a policy in place based on national guidance. The person in charge was clear on the regulatory responsibility in relation to the investigation of any suspicion or concern.

Residents had access to psychology, psychiatry and psychotherapy if needed. Inspectors found that while the continued input of the behavioural therapist was no longer required, this was also available if necessary. Inspectors found that there were plans in place to ensure residents were supported to have positive life experiences. For example, information and knowledge on early signs that a resident may be at risk of self harming or experiencing deterioration in their mental health.

On review of staff files, inspectors found that all staff had been Garda Vetted prior to beginning work in the designated centre and written references had been sought. Staff and residents were aware of who was the designated officer in relation to any concerns or allegations of abuse or harm. Residents told inspectors that they felt safe living in the designated centre.

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):

No actions were required from the previous inspection.

Findings:

Inspectors found that residents' health care needs were met. Inspectors spoke with residents and staff and reviewed personal plans and determined that residents had timely access to a wide range of health professionals. Any treatment or medical intervention advised was incorporated into residents' health plans. Inspectors saw evidence of access to their general practitioners (GP), dietician, dentist, psychiatrist, psychologist and psychotherapist to name but a few.

Each resident had a health action plan which highlighted any identified need and the actions required to address it. Residents also had health management plans to specifically outline the supports required for each health need or risk. For example, weight management plans and anxiety management plans.

Residents had hospital passports and all appointments with medical professionals were recorded. Residents had access to a nurse employed by the provider who visited the centre routinely to support the staff team with residents' healthcare needs. For example, to take bloods.

Inspectors reviewed the menu plan for the centre and spoke with residents who explained that they had choices around meals, which they agree upon at their house meetings along with a plan for who would prepare and cook the main meal each evening. Residents were supported to follow the advice of dieticians in relation to their dietary needs. Inspectors found that there was fresh fruit and vegetables available in the centre and information on healthy food choices.

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):

No actions were required from the previous inspection.

Findings:

Inspectors found that policies, procedures in relation to the management of medicine were guiding safe practice.

Inspectors spoke with the person in charge and reviewed the systems in place for prescribing, ordering and storing medicine in the centre, and found them to be adequate. Residents were encouraged and supported to self-medicate and provided with safe storage in their rooms. Other medicines were stored securely, and were administered by social care staff if this support was deemed necessary. The inspector found evidence that staff had received training in the safe administration of medicine which included competency assessments. This training was offered to staff again should incident of medication errors arise or staff felt they required it.

Each resident had a "Medication management plan" in their file, along with photographic information on all medicines. There was clear guidance in place on when to administer p.r.n (as required) medicine which included the maximum dosage to be taken in a 24 hour period.

Overall the inspectors determined that residents were protected by safe medicine management practices in the designated centre.

Judgment:

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):

No actions were required from the previous inspection.

Findings:

Inspectors met with the new person in charge as part of the inspection and determined that she met the requirements of Regulation 14 in respect of being suitably qualified, skilled and experienced. The person in charge held the role of team leader, worked full time and was solely responsible for this centre. The person in charge worked directly with residents, with two shifts allocated each week for administrative and management duties. The person in charge was provided with access to a management and leadership course devised by the provider to assist managers to carry out their duties.

Inspectors found that there was a clear management structure in place with identified lines of responsibility, accountability and reporting. Staff and residents were aware of the management structure and the different functions of the management team. For

example, the designated officer.

Inspectors found there to be a system in place for the monitoring and review of the quality and safety of the service delivered in the designated centre. For example inspectors saw evidence of routine audits of documentation, health and safety and medication management. The provider had appointed a quality team the responsibility to carry out unannounced visits as required by the Regulations. Information gathered from the unannounced visits along with audits and resident feedback would contribute to the annual review which had not yet been carried out as the centre had not been operational for a year at the time of inspection.

There was an evidenced system of staff supervision and performance appraisal carried out by the person in charge on a routine basis.

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):

No actions were required from the previous inspection.

Findings:

Inspectors determined that there was an adequate number and mix of staff working in the designated centre to ensure residents' needs were met. Inspectors reviewed staff rosters and spoke with residents and found that there was ample cover to ensure individual choice and routines could be facilitated.

Inspectors spoke with staff and reviewed the training records and found that staff had received mandatory training. For example, protection of vulnerable adults, fire safety, first aid and medicines management. Refresher training was available to staff when required and inspectors found that staff could request additional training through their monthly supervision if necessary. Some staff were facilitated to gain qualifications in relevant fields and supported to achieve this.

Inspectors reviewed the staff files and found them to meet the requirements of Schedule 2. For example, proof of qualifications, Garda Síochána Vetting and correspondence.

Inspectors were informed by residents that staff were very helpful and treated them with respect. Interactions observed supported this also and staff spoke positively of their role in the centre.

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:

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