

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Liffey House
Centre ID:	OSV-0003378
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare Services Unlimited Company
Provider Nominee:	Noel Dunne
Lead inspector:	Jillian Connolly
Support inspector(s):	Conan O'Hara
Type of inspection	Unannounced
Number of residents on the date of inspection:	5
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 following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 2 day(s).

The inspection took place over the following dates and times

From:	To:
05 December 2016 11:00	05 December 2016 17:00
06 December 2016 10:30	06 December 2016 16:30

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

Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

Background to the inspection:

This was the third inspection of the centre. This inspection was carried out following the receipt of unsolicited information and the submission of notifications by the provider of adverse events which had occurred in the centre. The information provided resulted in inspectors completing an inspection which primarily focused on risk management and the safeguarding of residents.

How we gathered our evidence:

As part of this inspection, inspectors met with three residents. Inspectors also met with staff, observed practices and reviewed documentation such as residents' personal plans, health and safety documentation and audits. Residents, management and staff facilitated the inspection.

Description of the service:

The designated centre consists of one house located in Co. Kildare. Services were provided to female residents over the age of 18. The centre is operated by Nua Healthcare.

Overall findings:

Inspectors found that while the information received by HIQA was substantiated, the appropriate action had been taken by the provider to safeguard residents. Residents reported that they were very happy in their home and that they felt safe. Staff were informed of residents' needs and the supports they required. The person in charge

was actively involved in the management of the centre and had appropriate arrangements in place to monitor the quality and safety of care and the outcomes for residents. Improvements were required in the control measures documented to reduce the risks in the centre to ensure that they were consistent. Daily notes also did not evidence that the arrangement of two sleepover staff was effective.

Within this report, the inspection findings are presented under the relevant outcome. The action plan at the end of the report sets out the failings identified during the inspection and the actions required by the provider to comply with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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 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:

The centre had policies and procedures in place for the health and safety of residents, staff and visitors. This included a safety statement and a risk management policy. There was also a system in place for the assessment of risks within the centre and to individual residents. There was a clear pathway for the reporting and reviewing of adverse events. A review of a sample of incidents demonstrated that learning was applied following accidents and incidents. Inspectors found however that improvements were required in the risk management system to ensure that the control measures identified were consistent and implemented in practice.

For example, it was identified for one resident that they required support in the community at all times and in other instances it was identified that they were supported to have independent access to the community. Furthermore there was an instance in which the control measures were not implemented in practice resulting in an adverse outcome for a resident. However inspectors were assured that once this was brought to the attention of management appropriate action was taken.

The centre had a policy and procedure in place for missing persons. Inspectors found that staff were knowledgeable of the policy to follow and found that when required it was implemented effectively.

The centre had policies and procedures in place to protect residents from healthcare associated infections. There was appropriate personal protective equipment available if required. Staff had received training in infection control and the centre was visibly clean.

There were systems in place for the prevention and management of fire. This included a fire alarm, emergency lighting, fire extinguishers and the provision of fire doors. All of which were serviced at regular intervals. However inspectors observed one fire door which led to a bedroom corridor to be wedged open during the inspection. The emergency plan was located in a prominent location. Staff had received training in the prevention and management of fire however this training was online. Some staff had not

received onsite training. Fire drills had occurred in the centre however while they all recorded that evacuation of the centre in a timely manner, they did not identify the number of staff and residents present. Therefore not demonstrating that the maximum number of residents could be evacuated with the lowest number of staff.

Judgment:

Non Compliant - Moderate

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:

There were policies and procedures in the protection of vulnerable adults. Staff had received training and were knowledgeable of what constitutes abuse. However inspectors identified conflicting practices in the action to be followed in the event of an allegation or suspicion of abuse, particularly if there was a history of false allegations. In some instances, inspectors were informed that the complaint procedure was to be followed and in other instances the protection of vulnerable adults policy was to be adhered to. Residents stated that they were very happy in their home and felt safe.

The provision of positive behaviour support was a requirement in the centre. Staff had received training in breakaway techniques and the management of aggression. Staff were also supported by the appropriate Allied Health Professionals to develop their knowledge of specific conditions and the specific supports which may be required. Residents were supported by the appropriate Allied Health Professional and positive behaviour support plans had been developed. Inspectors found that all incidents were reviewed by the appropriate professionals and if an adverse incident occurred, risks assessments and subsequent plans were reviewed.

There had been incidents in which residents had been physically restrained. However a review of the accident/incident forms confirmed that proactive strategies had been implemented prior to the incident occurring and that it was as a last resort to safeguard residents or others.

There were other restrictions in place in the centre such as the front door had a key pad

and restrictors on windows. However this was not applied to all residents and the code for the front door was offered to residents who were not assessed as requiring it.

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):

No actions were required from the previous inspection.

Findings:

The person in charge had changed since the last inspection. Inspectors met with the person in charge at the commencement of the inspection and they facilitated the inspection. The person in charge was full time and was only responsible for this designated centre. The person in charge was actively involved in the management of the centre and was clear of the policies and procedures of the organisation. Inspectors observed residents to be familiar with the person in charge and the person in charge was informed of residents' needs. Staff spoke positively about the person in charge. The person in charge was aware of their statutory responsibilities.

There was a clear management structure in place. The person in charge reported to the regional manager, who reported to the Director of Operations. The Director of Operations reported to the Chief Operating Officer (COO). The COO was the person nominated on behalf of the provider for the purposes of engaging with HIQA.

The person in charge completed a weekly report which reviewed the quality and safety of care in the centre. This report was for the regional manager, who in turn presented the information at operation meetings. The weekly reports also identified any deficits in service delivery. There was a corrective action identified with a time frame for completion. The person responsible was also identified. Audits were conducted on a quarterly basis in the centre and demonstrated improvement in the service provided, for example, in the medication management systems.

There had been an annual review of the quality and safety of care completed and the regional manager completed unannounced visits to the centre.

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 found that the centre had a stable work force with which residents were familiar with. Residents were identified as requiring specific levels of support at varying times during the day. A sample of rosters demonstrated that this was provided. There was an arrangement in place in which two staff completed sleepover shifts. However the personal plan of a resident identified that they required support every morning prior to staff getting up. Therefore inspectors were not assured if this was an effective arrangement.

Inspectors met with staff during the course of the inspection and found that they were aware of the needs of residents and the supports to be provided. Inspectors observed staff to engage with residents in a respectful and dignified manner.

A review of training records demonstrated that staff had the appropriate mandatory training. Staff received formal supervision on a regular basis and spoke with inspectors of how it was a forum for learning and development.

Inspectors did not review staff records on this inspection.

Judgment:

Substantially 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:

Jillian Connolly
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 report¹

Centre name:	A designated centre for people with disabilities operated by Nua Healthcare Services Unlimited Company
Centre ID:	OSV-0003378
Date of Inspection:	05 and 06 December 2016
Date of response:	31 January 2017

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 07: Health and Safety and Risk Management

Theme: Effective Services

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

Improvements were required in the risk management systems to ensure that the control measures identified were consistent and implemented in practice.

1. Action Required:

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

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

Relevant Risk Assessments and Standard Operating Procedures have been reviewed and amended to ensure control measures are consistent and implemented in practice.

Proposed Timescale: 07/02/2017

Theme: Effective Services

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

A fire door was wedged open.

2. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

A magnetic door lock to be installed on the fire door identified by the inspector.

Proposed Timescale: 15/02/2017

Theme: Effective Services

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

Records of fire drills did not demonstrate that all residents could be evacuated from the centre with the lowest compliment of staff.

3. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

All relevant information will be recorded to include those attending fire drills, time required for full evacuation and issues encountered. The response of residents and staff to the procedure will be recorded and reviewed to ensure learning, therefore demonstrating if the maximum number of residents could be evacuated with the lowest number of staff.

Proposed Timescale: 22/01/2017

Theme: Effective Services

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

Records did not demonstrate that all staff had participated in on site fire training/drills.

4. Action Required:

Under Regulation 28 (4) (b) you are required to: Ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, as far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.

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

On site fire training/ drill will take place in the Centre to include all permanent and relief staff.

Proposed Timescale: 15/02/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

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

There were conflicting procedures provided to inspectors on the action to be taken in the event of an allegation or suspicion of abuse, particularly if there was a history of allegations.

5. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

Staff team to be debriefed on the National Safeguarding Policy at the next team meeting. All staff in the Centre to be trained on Protection and Welfare of Vulnerable Adults.

Proposed Timescale: 15/02/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

Inspectors were not assured that the sleepover arrangement was effective.

6. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the

statement of purpose and the size and layout of the designated centre.

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

A review of the sleepover arrangements has been be conducted in the Centre ensuring the residents needs are being met.

Proposed Timescale: 19/01/2017