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:	Millview House
Centre ID:	OSV-0004261
Centre county:	Tipperary
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare Services Unlimited Company
Provider Nominee:	Danika McCartney
Lead inspector:	Carol Maricle
Support inspector(s):	Conor Dennehy;Cora McCarthy;Louisa Power
Type of inspection	Announced
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 inform a registration renewal 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:
17 May 2017 11:25	17 May 2017 17:30
18 May 2017 09:20	18 May 2017 18:10

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

Background to the inspection:
The purpose of this inspection was to inform a decision in relation to the renewal of this centre's registration.

How we gathered our evidence:
As part of this inspection, the inspectors met with residents and staff members. They also spoke to some representatives and an external allied health professionals. They also read a questionnaire returned by residents or their representatives. The inspectors met with the person in charge and a regional manager with

responsibilities for this centre. The director of operations was also present during the second day of the inspection. Inspectors observed practices and reviewed a sample of information contained in residents' files, policies and procedures and a range of other documentation.

Description of the service:
The centre, according to its statement of purpose, provided long-term medium support residential care for up to four residents with an intellectual disability and or autism. There were four residents living in the centre at the time of the inspection. The centre was located in a dormer-style five-bedroom house, set on its own grounds in a rural area. Inspectors found that the systems in place at the centre promoted the roll out of the service as it was described in that document.

Overall judgment of our findings:
Overall, the provider had put systems in place to ensure that the centre was in line with the regulations and this resulted in positive experiences for residents, the details of which are described in the report, however, there were a number of actions identified.

Good practice was identified in areas such:
-positive relationships with family and friends were promoted (outcome 3)
-contracts of care were in place for all residents (outcome 4)
-systems regarding health and safety were in place (outcome 7)
-the centre was resourced sufficiently to ensure that residents were well supported and cared for (outcome 16)

Actions in this report include:
-systems in place regarding multidisciplinary review of the personal plan required review (outcome 5)
-not all concerns of a safeguarding manner had been duly processed in line with national guidance (outcome 9)
-the assessment of appropriate education attainment targets had not been made for all residents (outcome 10)
-improvements were required in aspects of medicines management (outcome 12)
-there was a lack of written evidence to show that there was oversight at provider level of the effectiveness of care plans implemented by staff and others in addressing some of residents' needs (outcome 14)
-the timeliness of formal supervision was not within the organisational timelines set out by policy (outcome 17).

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the Action Plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, 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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The rights of the residents were promoted, their dignity was respected and they were consulted with about the running of the centre. The actions that had arisen in the previous inspection had been implemented.

Each resident had an accessible folder prepared for them and this included information such as an accessible copy of the complaints policy, a copy of the national standards, a rights booklet and the resident guide.

Residents were consulted with about the running of the centre. Staff gave examples to the inspectors of ideas that the residents raised at their house meetings which were put into practice such as the purchase of a trampoline for the residents to use. An inspector reviewed the minutes of house team meetings and found that regular house meetings were organised in the five months prior to this inspection.

There was a complaints system at the centre. There was a policy on complaints in place and reference to complaints and the procedure for same was also made in the statement of purpose and in the resident guide. There was a complaints officer identified within the organisation. An inspector reviewed a range of complaints received prior to the inspection. The inspector could see that a key-worker had previously made a complaint on behalf of a resident showing how they advocated for the resident when their favoured activity came to a conclusion and this had since been resolved. At the time of the inspection there was a complaint open that an inspector could see had been acknowledged and was being investigated. The inspector saw a complaint made by a resident regarding an aspect of their chosen activities and the inspector could see that

staff were following the relevant guidance issued by the resident's nominated allied healthcare professional.

The annual review of the centre for 2016 set out all complaints received throughout 2016 and the inspector could see that all complaints were managed by a complaints officer and reference was made to whether the complaints were open or closed and whether or not the complainant was or was not satisfied with the outcome of the complaint. One of the complaints was noted by an inspector to be of a resident protection nature and this particular complaint had not been notified to HIQA as per the notifications process. This has been further discussed under Outcome 9.

The rights of the residents were promoted. Each resident had a key-worker allocated to them. Some of the residents had Guardian Ad Litems and external advocates. A number of residents had their relatives acting as their advocates. A resident was given choice regarding decisions affecting their care however there was a lack of written evidence to show a managerial oversight of this decision making process and the risks (if any) associated with it. This has been further referenced in Outcome 14.

The rights of residents to attend education were promoted at the centre however one of the residents had not attended school in the current academic year and reference to this has been made under Outcome 10.

The privacy and dignity of the residents was respected by staff. Staff were observed asking residents if they could enter their bedrooms. Staff were seen to respect the views of the residents. Some of the residents told the inspectors that they did not want the inspector to view their bedroom. The files of the residents were kept in the staff office and daily records written by staff about the residents were up-to-date. There was ample space for residents to meet with their family or representatives in private.

The inspectors reviewed the accessibility that some of the residents had with regard to access to internet facilities and found that this was in accordance with the guidance set out by the relevant nominated allied healthcare professional.

An inspector reviewed the systems pertaining to the money management of the residents. A six monthly inspection conducted by the provider shortly before this inspection identified some actions in their report regarding money management in line with the provider's own organisational policy. Residents were given pocket money each week and there were records in place to show how these monies were spent. Residents were on occasion given money from family and friends and the recording of this money as a lodgement to their account was recorded by a staff member.

There was evidence that staff kept an inventory of the possessions of residents which was a live document and added to where necessary.

There were no closed circuit television systems (CCTV) in use at the centre.

Residents had ample space to play, both inside and outside. Each resident had a weekly planner and this plan coupled with the resident's daily records of care set out the activities that the residents participated in each day. This was confirmed by parents and

nominated allied healthcare professionals who all gave examples of the activities that the residents were facilitated to enjoy such as swimming, horse-riding and attending a youth club. Residents were observed playing during the inspection outside in the garden.

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):
No actions were required from the previous inspection.

Findings:
There were systems in place to ensure that residents were communicated with effectively.

Staff supported residents to communicate with others. One of the residents used an alternative augmented form of communication and the person in charge was observed using this with the resident. Recognised forms of communication were displayed in the office as a guide to staff. The inspectors reviewed a sample of resident's files and these showed that the assessment of the needs of the resident and personal plan considered the communication abilities and needs of each of the residents. Resident's were referred to where necessary the services of a speech and language therapist. There were visual prompts displayed around the centre to cover a range of issues, such as evacuation plans.

There were internet facilities available throughout the centre. There were some restrictions on ease of access, however this was done in conjunction with the relevant nominated allied healthcare professional.

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):
No actions were required from the previous inspection.

Findings:
Residents were supported to maintain family and personal relationships and links with the community.

The statement of purpose and resident guide confirmed that residents would be facilitated to spend time with their relatives or representatives. There was written evidence in the file of the residents to show that they were facilitated by staff to meet with their friends and family. This was also confirmed by relatives and representatives in conversation with inspectors and in questionnaires submitted to HIQA. Residents were facilitated to spend time at home, where appropriate, and this was confirmed again by relatives and staff members.

Relatives and representatives told inspectors that they were made to feel welcome when they visited the centre. A nominated allied healthcare professional confirmed the regular receipt of written updates about residents in their care. Staff with whom the inspectors met with all spoke positively about the maintenance of family relationships. The contact between residents and their families was not limited, except when the staff were following guidance from relevant statutory agency.

Residents were observed being facilitated to spend time in the community and were seen getting ready to go to activities such as clubs and horse riding. The activities programme of each resident was individual to them and some of them went alone to activities and at other time they accompanied each other to activities. There was adequate transport available to staff to help bring residents to where they wanted to go.

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

There were systems in place to ensure that admissions were planned and contracts were in place for the residents.

Residents' admissions were seen to be in line with the statement of purpose, which outlined a specific criteria and procedure for admissions to the centre. There was also an organisational policy in place regarding admissions. The inspectors viewed evidence of a planned admission process in one of the resident's files who was admitted to the centre in the 12 months prior to their admission. There was evidence of a needs assessment completed prior to the resident's admission and this commented on their abilities and needs prior to their move to the centre and any risks pertaining to them or their behaviour.

The person in charge outlined that the prospective resident and their representatives were afforded the opportunity to visit the centre prior to admission. An inspector spoke to representatives and relatives of residents who had been admitted to the centre in the 12 months previous to this inspection. Both told the inspector that the admissions process was helpful, they both cited a named individual working within the organisation who was their contact person and helped them to understand the process. They also both stated that their resident moved into the home on a gradual basis commencing with visits.

A written contract was in place for each resident which dealt with the support, care and welfare of the resident in the centre and included details of the services to be provided. Reference to fees and additional charges were included.

Judgment:
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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
There were systems in place to ensure that personal planning was in place at the centre and that this was based on an assessment of the needs of each resident. Goals were set

with residents and regularly reviewed. There was a key-working system in place. Residents were prepared for their admission and discharge to and from the centre. The review of the personal plan required improvement.

At the time of this inspection the provider was revising the organisation's admissions policy to ensure that a comprehensive assessment of the needs of all residents was completed prior to their admission to the centre, in conjunction with the pre-admission collective risk assessment already completed.

The inspectors reviewed a sample of residents' files. These files showed that there was an on-going assessment of the needs of each resident completed within the previous 12 months.

Personal plans were presented in a user friendly manner. Some of the residents had signed their own personal plan. There was evidence of representatives being involved in the development and review of the personal plan. The personal plans were accompanied by a range of other documentation such as risk assessments, health plans, records of healthcare appointments and records of contact with family. There was evidence that tasks associated with personal planning were audited by the provider in their six monthly unannounced inspections. However, the review of the personal plan was not multidisciplinary, as required by the regulations.

Goals were set for all residents and these were set out as short-term, medium and long-term. The goals were a mixture of task based and aspirational goals. The goals set were in line with peers of a similar age, for example, some residents wanted to go abroad on a foreign holiday and plans were being put in place to facilitate this.

There was evidence of key-working systems in place. Each resident was assigned a key-worker. The inspectors read copies of notes of key-working sessions and these showed that a range of issues were discussed, such as residents being encouraged to attend activities of interest to them and their views were noted when they chose to decline.

Residents living at the centre were not yet at the age that they required transition plans to commence for their progression to adulthood. The person in charge displayed a good understanding of the future needs of residents as they progressed to adulthood and was aware of the role that staff at the centre would play, in line with the regulations. There had been a planned discharged from the service in the 12 months prior to this inspection. An inspector had previously seen evidence of the transition planning in place for this resident.

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The premises provided a homely environment for residents that met their needs in line with the stated purpose and function of the centre.

The designated centre was a two storey house, located in a rural area and provided a home to four residents. The ground floor of the centre comprised of two bedrooms for residents , a kitchen/dining area, sitting room, a bathroom, a staff office, utility room and a sunroom. Works were planned to improve the bathroom facilities on the ground floor and inspectors were shown confirmation of the plans and funding for these works which was due to be carried out in the months following this inspection.

The first floor of the centre was made up of two ensuite bedrooms for residents and a staff sleepover bedroom. Efforts were made to give the centre a homely feel, for example, photographs and pictures were on display and rooms were colourfully painted. Some residents showed inspectors their bedrooms which were noted to be personalised with ample storage provided. The designated centre was presented in a clean manner and was in a good state of repair on the days of inspection.

Sufficient space was provided for residents to engage in recreational activities while items such as toys and games were also provided. In addition there was an enclosed garden area to the rear of property which had various activities such as a swing, climbing frame and a trampoline. A shed was also present in this garden which had been converted into a sensory room. Parking facilities were available to the front of the property.

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
The health and safety of residents was promoted within the designated centre while the risk management policy and risk register had been reviewed since the previous inspection.

A fire alarm system, emergency lighting, fire doors and fire fighting equipment, including fire extinguishers, were present in the centre. Inspectors saw certificates of maintenance which had been carried out at the required intervals by external bodies for the fire alarm, emergency lighting and the fire extinguishers. In addition records of weekly internal staff checks were also seen by inspectors.

However it was noted that the fire door leading to the staff office did not close fully. This was highlighted to the person in charge and representative of the provider who undertook to address this. Confirmation was received following this inspection that this issue had been addressed. Fire exits were observed to be unobstructed on the day of inspection while the fire evacuations procedures were also on display in an age appropriate format.

Fire drills were carried out a regular intervals and the recording system for such drills had changed since the previous inspection. As a result, additional information relating to the resident's response to such drills and evacuations times were recorded. All residents had personal evacuation plans in place which were noted to have been reviewed within the previous 12 months.

Training records for staff working in the centre were reviewed and it was noted that while the majority of staff had undergone fire safety training within the previous 12 months, two members of staff had not. Inspectors were informed by the person in charge that further fire safety training was due to take place in the month following this inspection.

Since the previous inspection the risk management policy had been updated and included the controls and actions to respond to risks such as self harm and the unexpected absence of a resident. A risk register was also in place and it was noted that all risks had been reviewed during 2017. During the course of this inspection some risks pertaining to individual residents were highlighted by inspectors as requiring further review. These were addressed by the person in charge before the close of inspection.

A system was in place for reporting accidents and incidents in the centre. The person in charge described how a verbal debrief with involved staff took place after such adverse events and that any resulting issues were discussed at monthly staff meetings. It noted that recent accidents and incidents had a risk assessment created or updated since the events. A safety statement was also in place in the designated centre.

At the previous inspection it was noted that the centre was unclean in parts. On this inspection it was found that the designated centre was presented in a clean manner on the days of inspection while hand gels were provided throughout the centre. Weekly checks on vehicles assigned to the centre were also carried out and recorded.

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Measures were in place to safeguard residents and protect them from abuse. The system in place for the management of safeguarding concerns required some improvements. Restrictive practices were governed in their use by organisational policy.

There was a policy in place for the prevention, detection and response to abuse. There was a designated person in the organisation appointed to deal with concerns of this nature. Staff presented with a good knowledge of the different types of abuse and the reporting systems. Team leaders and the person in charge demonstrated an appropriate knowledge of the due process involved in the processing of safeguarding concerns.

Staff were observed treating residents with warmth and respect. Inspectors saw that intimate care plans were in place, where required, to help keep residents safe. All visitors to the centre were required to sign in. There was appropriate contact between staff, residents and appointed allied health care professionals. There had been a number of concerns forwarded to the relevant statutory body in the twelve months prior to the inspection. There was evidence to show that learning had taken place within the centre as a result of these concerns.

The staff team had completed external training to complement their existing knowledge of safeguarding as part of this learning process. The person representing the provider had attended a number of team meetings during which all staff were spoken with about safeguarding, the due process for raising concerns and the organisational whistle blowing policy.

The outcomes of all safeguarding forms submitted to relevant statutory bodies were not all on file, however each form did have an acknowledgment letter. In addition, the person in charge was able to update the inspector on all concerns, some of which were still open at the time of this inspection.

The inspector reviewed a sample of incidents pertaining to residents during periods where their behaviour required a response and during these incidents staff recorded what residents had said. Some residents were noted as to have made allegations of a safeguarding manner during these periods of escalation. There was no evidence that the staff member concerned, nor team leaders nor person in charge had identified the safeguarding-related allegation made within the incident and had subsequently followed due process regarding that concern. The person in charge attended to this issue immediately during the inspection and referred a number of statements made by residents during incidents to the designated liaison person.

An inspector identified two complaints made in the 12 months prior to this inspections that referenced concerns of a safeguarding manner. One of these complaints was a recent complaint and this was brought to the attention of the designated liaison person by the person in charge during the inspection. Regarding the second complaint, the person in charge forwarded documents to HIQA following the inspection showing how notifications had been made to the relevant professionals involved in the decision making process.

There was a policy in place for the provision of behaviour support. A behavioural specialist was employed by the organisation. There was evidence that this professional reviewed incidents involving individual resident's behaviour that may challenge. Where required, residents had a multi-element behaviour support plan which contained guidance for staff on strategies to use with residents in the event of them engaging in behaviour that required a response. Staff were trained in the management of actual and or potential aggression. The use of physical holds was monitored by the person in charge. Episodes of holds were recorded individually as an incident, reviewed by the person in charge and forwarded to the behavioural support specialist their review, where appropriate. The person in charge used these records to populate the quarterly returns to HIQA. There was one use of a hold in the first quarter of 2017 that had been notified to HIQA.

During the inspection, inspectors observed environmental restrictions in the kitchen affecting all residents. All food cupboards including the fridge and freezer were locked. To mitigate against the impact of this restriction, residents were provided with their own cupboard that contained snacks and drinks for them and these cupboards were clearly labelled with their name. Some residents had their own key to their own cupboard. The person in charge explained that these systems were in place on account of the needs of other residents. These restrictions were duly noted to HIQA through the quarterly notification process and an organisational policy set out guidance for staff to follow in their use.

Judgment:
Non Compliant - Moderate

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):
No actions were required from the previous inspection.

Findings:
A record of accidents and incidents which occurred in the designated centre was reviewed and it was found that all notifiable events had been submitted to HIQA within the required timeframe.

However, an inspector reviewed the annual review of the centre for 2016 and in this review there was reference made to a complaint received in 2016 and this complaint was regarding a concern of a safeguarding nature. This allegation has not been duly notified to HIQA although the person in charge informed an inspector that the complaint was known by the appropriate statutory body.

Judgment:
Substantially 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):
No actions were required from the previous inspection.

Findings:
The rights of residents to have an education and to socialise and participate in the community were valued and supported by staff. The provider did not however put in place an assessment of an appropriate educational target for a resident that was out of school.

There was a policy on education in place and staff facilitated the residents to attend school. There was evidence that staff liaised regularly with school staff regarding the residents. At the time of this inspection, arrangements to ensure residents received an education were in place, including school attendance or home tuition.

However, where a resident had not attended school in the current academic year, the provider had not put in place an assessment of an appropriate educational target.

Appropriate agencies were involved where required. The inspectors saw evidence that there were a number of agencies involved in this matter and the person representing the provider had also attended meetings addressing this issue. Resident's representatives confirmed they were aware and kept up-to-date on any such situations. An in-house educational programme was provided, however, there was no overall monitoring by the provider of this programme to ensure that it was consistent with the needs of the residents. Also, daily planners did not always reflect when education was being supported although this was evidenced in other forums (e.g. completed exercise worksheets).

Residents were involved in individual leisure activities outside of the centre. They went on outings to the local community and were facilitated by staff to go home to their family where appropriate. Inspectors viewed a sample of daily schedules for residents and their daily logs and these showed how staff supported residents to interact with the local community.

Judgment:
Non Compliant - Moderate

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Residents were supported on an individual basis to achieve and enjoy best possible health. However, improvements were required in relation to care planning documentation.

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. Access to a general practitioner was facilitated regularly. There was clear evidence that recommended treatment was facilitated. The right to refuse medical treatment by residents or their representatives was respected.

Where referrals were made to specialist services or consultants, staff supported residents to attend appointments. In line with their needs, access to allied healthcare professionals was facilitated including psychiatry, psychology, audiology, dental, dietetics, optical, play therapy and chiropody.

Each resident's personal plan included specific healthcare management plans to guide staff in supporting residents to manage individual healthcare needs. However, inspectors noted that healthcare management plans were not developed in line with all resident's assessed healthcare needs. In addition, healthcare management plans did not outline sufficient detail to guide staff in the management of the condition or the administration of PRN or 'as required' medicines. A plan relating to management of a skin condition did not contain sufficient detail to guide staff in the appropriate use of a medicated shampoo. Healthcare plans had not been developed to guide staff in the management of hayfever for a resident including the non-pharmacological and pharmacological management. Staff with whom inspectors spoke were knowledgeable in relation to each resident's healthcare needs but there were deficiencies in some documentation in healthcare plans.

Healthy living choices were promoted. Residents had access to a dietician, in line with their needs. A process was in place to make referrals to a speech and language therapist, when appropriate. Residents were encouraged to be active through swimming, walking and participating in team sports.

Residents were encouraged to be involved in the preparation and cooking each meal. Staff with whom the inspector spoke confirmed that a choice was provided to residents for all meals. The meals outlined by staff and residents were 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:
Substantially 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:
A medicines management policy was in place which detailed the procedures for safe

ordering, prescribing, storing, administration and disposal of medicines. Inspectors spoke with staff who demonstrated an understanding of medicines management and adherence to guidelines and regulatory requirements. Staff who administered medicines had received blended initial training which comprised online theoretical training and three practical competency assessments before being deemed competent to administer medicines. Competency was maintained through regular blended refresher training.

Medicines were stored securely throughout. Medicines requiring refrigeration were stored securely and appropriately. Medicines requiring additional controls were not in use in the centre at the time of the inspection. Staff outlined the measures in place to manage such medicines which were in line with regulatory requirements.

A comprehensive and individualised assessment had been completed for each resident which took into account the resident's understanding, literacy and dexterity. The resident's ability to collect, transport and store medicines safely and securely was assessed. The assessment took into account the resident's ability to manage medicines during absence from the centre. Four levels of support were outlined in relation to medicines management. At the time of the inspection, all residents required support with medicines management (level 3). A personalised medicines management plan had been developed for each resident which outlined the resident's prescribed medicines, frequency of review and the resident's preferences in relation to medicines administration.

A robust system was in place for the safe ordering and receipt of medicines. Medicines were delivered monthly from the pharmacy. Two staff members checked the medicines delivered against the prescriptions. Any discrepancies or queries were immediately addressed with the pharmacy before medicines were used. Many medicines were dispensed in monitored dose systems and information was available to staff to identify each individual medicine.

The inspector saw that medication related incidents were identified, reported on an incident form and there were arrangements in place for investigating incidents. Medication related incidents were analysed by the person in charge to identify trends and a number of measures had been implemented to prevent recurrence.

A sample of medication prescription and administration records was reviewed. Medication administration records identified the medications on the prescription and allowed space to record comments on withholding or refusing medications. However, two medication errors were identified on the day of the inspection where the medication administration record indicated that a topical medicine had been omitted on two occasions in the previous two weeks. This was brought to the attention of the person in charge immediately.

Staff outlined the manner in which medications which were expired or dispensed to a resident but were no longer needed are stored in a secure manner, segregated from other medicinal products and were 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. However, the date of opening was not recorded for a topical medicine that had a reduced expiry date when opened. In addition, the expiry

date had not been identified for a medicine dispensed outside of the original packaging. Therefore, staff could not identify when the medicines would expire.

When residents left the centre for holidays, social outings or days out, a documented record was maintained of the quantity and medicines leaving the centre. A similar record was maintained when the resident returned to the centre and the quantities were reconciled by staff.

A system was in place for reviewing and monitoring safe medicines management practices. An audit of medicines management was completed on a weekly basis. The audit examined the aspects of the medicines management cycle including administration, documentation, storage and disposal of medicines. The audit identified pertinent deficiencies and actions were completed in a timely fashion. However, the incident as described above indicates that a review was required so as to identify any learning from the incident.

Judgment:
Non Compliant - Moderate

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Inspectors reviewed a copy of the statement of purpose. It was noted that it had been recently reviewed and contained all of the information as required by the regulations.

The statement of purpose accurately described the service provided and the arrangements in place to meet the needs of residents.

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):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
Management systems were in place at the centre to support the quality and safety of care at the centre but there was a greater need for oversight by the provider of the effectiveness of programmes put in place for some residents in certain areas.

There were management systems in place. The core staff team all reported to the deputy team leaders and the person in charge. The deputy team leaders were involved in the management of the centre and while they did not have allocated hours to attend to the governance of the centre they both confirmed to the inspector that they had the time each week to spend on management duties. Staff and representatives, with whom inspectors met and spoke with, knew who was in charge at the centre. The regional manager visited the centre regularly and was familiar with residents and staff.

There were arrangements in place to ensure that staff exercised their personal and professional responsibilities. Inspectors viewed minutes from staff team meetings and these showed how staff were reminded about their professional responsibilities across a wide range of practice issues. The inspectors noted that items discussed at these meetings cross referenced with other documentation, for example, discussions around staffing numbers for residents correlated to risks identified for each resident.

There were systems in place to supervise staff however, as outlined in Outcome 17, the regularity of same was not always in line with the timeframes set out in organisational policy.

The centre was subject to regular auditing at regional manager level and provider level through the six monthly unannounced inspections. The regional manager described to the inspector the range of audits that she completed regularly during her visits to the centre. Each week, the person in charge had to submit a weekly update on all aspects of the centre to her for her review and she in turn had to submit regular updates on all aspects of the centre to her line manager. There was evidence of regular meetings held by the management teams that addressed a wide range of issues including individual residents.

However, notwithstanding these arrangements, there was insufficient written evidence to show the full oversight by the management team of the effectiveness of the care plan in place to address the needs of individual residents. Furthermore there was insufficient documentary evidence to show that sufficient consideration had been made to the impact of decisions made by residents when they chose not to engage with a healthcare

professional. The person in charge attended to these issues immediately during the inspection and submitted a referral to a psychologist asking for an extensive review of aspects of a resident's well-being and education. This was confirmed in writing to HIQA following the inspection.

An annual review of the service for 2016 was provided to inspectors. This review was in report format and contained reference to the views of the residents and their families and or representatives of the service. The person in charge was aware of the findings of this review and could describe to the inspector the actions already taken by her to address the findings.

The person in charge also showed the inspector a copy of a recently completed six-monthly unannounced inspection. This report set out a range of findings and contained an action plan within the report. The person in charge was again knowledgeable of the findings of this report and the actions taken to address the findings.

The person in charge had been in post since 2016. She was based full-time at the centre and reported to a regional manager. She was fully supernumerary to the roster and had sufficient knowledge of the legislation and statutory responsibilities. She demonstrated a commitment to her own personal development and had attended an internal management development course in 2016.

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):
No actions were required from the previous inspection.

Findings:
The provider was aware of their responsibility to notify the chief inspector of the absence of the person in charge where the person in charge proposes to be absent from the designated centre for a continuous period of 28 days of more, whether planned or unplanned. To date there had been no such absence requiring notification. Arrangements were in place to cover such an absence should it arise and the regional manager would cover this absence.

Staff had access to the deputy team leaders during the person in charge's days off.

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):
No actions were required from the previous inspection.

Findings:
Inspectors were satisfied that the centre was appropriately resourced to meet the needs of residents.

With the resources available to this centre, the registered provider was able to provide the service as described in the statement of purpose to meet the needs of residents. Resources available included the provision of sufficient staffing and three vehicles assigned to the house. As mentioned under Outcome 6, funding was also available to carry out improvement works to the downstairs bathroom.

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Sufficient numbers of staff were available in the designated centre however improvement was required in relation to the provision of staff supervision.

Inspectors reviewed staff rosters and were satisfied that there were appropriate numbers of staff to meet the needs of residents. A continuity of staffing was also available in the designated centre and the person in charge had access to a panel of regular relief staff if required. The person in charge also described how a process of induction was carried out for any new staff who came into the centre.

Training records were reviewed. As mentioned under Outcome 7 not staff had undergone fire safety training within the previous 12 months but confirmation was received that such training had been scheduled for the month following inspection. It was noted that all staff had undergone training in relation to de-escalation, safeguarding, manual handling and the safe administration of medication.

At the previous inspection it was found that there were gaps in the frequency of supervision records and that not all of the provider's supervision contracts with staff were signed and dated. Inspectors reviewed staff member's supervision records and it was noted that all staff had signed supervision contracts in place. The provider's supervision contracts provided for supervision meetings to be held monthly and that the majority of staff had received some formal supervision during 2017. The representative of the provider informed inspectors that in accordance with the provider's own policy in this area a total of 10 supervision meetings were to be held annually.

However it was noted that there continued to be some gaps relating to frequency of supervision in accordance with the centre's own policy. For example it was noted that five staff members did not have any recorded supervision meeting in 2017 while a deputy team leader was only recorded as having undergone supervision on three occasions since September 2016.

Inspectors reviewed a sample of staff files and noted that all of the required information such as evidence of an Garda Siochana vetting and two written references were contained within these files. Inspectors were informed that there were no volunteers involved in the centre at the time of inspection.

Judgment:
Non Compliant - Moderate

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Records were maintained at the centre but improvements were needed to ensure they were all signed and dated. A resident guide did not fully meet the requirements of the regulations.

Records were maintained at the centre and most were accurate and up-to-date. Records relating to audits at the centre were also kept. There were templates in place for record keeping and there was consistently across files of records used. Records were kept secure in the staff office. Some records did not have the required signatures and/or dates written on them.

A directory of residence was presented to inspectors during the inspection which met the requirements of the regulations.

The resident guide contained reference to the terms and conditions of the contract of care, information about visiting and arrangements of complaints but it did not contain reference to how a resident or their representative could access a copy of inspection reports. The guide was specific to the centre and its locality.

The centre had all of the policies to match the requirements of the regulations and these policies were found to have been developed or reviewed within the previous three years.

The inspectors reviewed a copy of a statement from the centre's insurers which outlined the insurance cover put in place by the provider.

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:

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Action Plan

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

Provider's response to inspection report[1]

Centre name:	A designated centre for people with disabilities operated by Nua Healthcare Services Unlimited Company
Centre ID:	OSV-0004261
Date of Inspection:	17 and 18 May 2017
Date of response:	02 August 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 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The review of the personal plan was not multidisciplinary, as required by the regulations.

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 05 (6) (a) you are required to: Ensure that personal plan reviews are multidisciplinary.

Please state the actions you have taken or are planning to take:
PIC will ensure that all personal plans are reviewed with a Multidisciplinary input annually.

Proposed Timescale: 22/09/2017

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
At the time of this inspection the provider was revising the organisation's admissions policy to ensure that a comprehensive assessment of the needs of all residents was completed prior to their admission to the centre, in conjunction with the pre-admission collective risk assessment already completed.

2. Action Required:
Under Regulation 05 (1) (a) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.

Please state the actions you have taken or are planning to take:
A full review of the Designated Centre's Admission's Policy and Procedure will be completed

Proposed Timescale: 22/09/2017

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There was insufficient evidence to show that a number of statements made by residents in the 12 months prior to the inspection had been processed as safeguarding concerns.

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:

PIC will ensure that all Safeguarding concerns are reported in line with Regulation

Proposed Timescale: 22/08/2017

Outcome 09: Notification of Incidents

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The provider had not notified HIQA of an allegation of abuse in the timeframes set out by the regulations.

4. Action Required:
Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

Please state the actions you have taken or are planning to take:
PIC will ensure that all Safeguarding concerns are notified as per regulations

Proposed Timescale: 22/08/2017

Outcome 10. General Welfare and Development

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The provider did not put in place an assessment of an appropriate educational target for a resident that had not attended school in the current academic year.

5. Action Required:
Under Regulation 13 (4) (c) you are required to: Ensure that when children enter residential services their assessment includes appropriate education attainment targets.

Please state the actions you have taken or are planning to take:
PIC will ensure that Residents will be facilitated in accessing Nua healthcare Educational Officer if gaps arise in their Educational placements.

Proposed Timescale: 22/09/2017

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were deficiencies in documentation relating to health care plans.

6. Action Required:
Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

Please state the actions you have taken or are planning to take:
PIC will ensure a full review is conducted of all Health Care Plans

Proposed Timescale: 22/09/2017

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
The date of opening was not recorded for a topical medicine that had a reduced expiry date when opened. The expiry date had not been identified for a medicine dispensed outside of the original packaging. Therefore, staff could not identify when the medicines would expire.

7. Action Required:
Under Regulation 29 (4) (c) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

Please state the actions you have taken or are planning to take:
PIC will ensure all medication administration and documentation is reviewed on a daily basis

Proposed Timescale: 22/08/2017

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Two medication related incidents of potential omission were identified during the inspection.

8. Action Required:

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

Please state the actions you have taken or are planning to take:
PIC will ensure that all medication checks and documentation are completed fully.

Proposed Timescale: 22/09/2017

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:
There was insufficient written evidence to show the full oversight by the management team of the effectiveness of the care plan in place to address the needs of individual residents. Furthermore there was insufficient documentary evidence to show that sufficient consideration had been made to the impact of decisions made by residents when they chose not to engage with a healthcare professional.

9. 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:
Management of the Designated Centre will ensure full oversight that care plans are effective to meet all needs of the residents.

Proposed Timescale: 22/08/2017

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Staff supervision was not being carried out in accordance with the provider's own policy in this area and the signed supervision contracts in place.

10. Action Required:
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

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

PIC will ensure supervision is being carried out in line with provider's own policy

Proposed Timescale: 22/09/2017

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Some records were noted as to not be signed and dated.

11. 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:
PIC will ensure that all records are reviewed, signed and dated.

Proposed Timescale: 22/09/2017