

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Valley View
Centre ID:	OSV-0005399
Centre county:	Cork
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare Services Unlimited Company
Provider Nominee:	Noel Dunne
Lead inspector:	Margaret O'Regan
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	0
Number of vacancies on the date of inspection:	5

About monitoring of compliance

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 23 November 2016 14:00 To: 23 November 2016 17:15

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:

Nua Healthcare is a service provider caring for people with intellectual disabilities. This was an inspection carried out to inform a registration decision for a new premises. The dormer bungalow was located in a rural area. The house had capacity to accommodate five residents.

How evidence was gathered:

The inspector met with the person in charge, the regional director of operations and the maintenance manager. At the time of inspection no residents were living in this centre as it was not operational.

The inspector familiarised herself with the documentation systems and carried out an onsite visit to verify that the house was suitable for occupancy and appropriate to meet the needs of the proposed residents. The inspector was made aware of ongoing improvements and developments being made by the organisation in relation to how documentation was managed.

Plans were in place to ensure that the health needs of the residents were met. The residents would have access to local general practitioner (GP) services or retain the GP service they already had, whichever best met the needs of residents. The person in charge and the regional director of operations discussed arrangements in place to meet the social care needs of the residents and to ensure that residents would have opportunities to participate in activities appropriate to their interests and preferences.

Proposed medication management practices were in order with plans in place to use the services of a pharmacy that was already supplying the organisation with pharmacy services.

Plans were in place around ensuring the health and safety of residents and staff. A fire alarm system was in place. Documentation was available to confirm its certification. Fire equipment was in place as was emergency lighting.

The inspector was satisfied that staff who were to work in the centre had received their mandatory training. Staff files were available for inspection and found to be complete.

Description of service:

The provider had produced a document called the statement of purpose that explained the service they provided. The aim of the service as set out in the statement of purpose is to "facilitate and support our service users to pursue meaningful and personalized lifestyles." The centre proposes to achieve this by providing "individually planned education, employment and leisure opportunities to support each individual in their ongoing development".

Overall judgement of our findings:

The inspector found that the approach to care was multidisciplinary. Some new staff were to take up positions in this centre and some staff were to transfer from other centres. This was to ensure there was a good mix of experience in the staff cohort. Transition plans were to be put in place prior to any resident moving to the centre. The accommodation provided was spacious, comfortable and attractively decorated. The house was set in a picturesque rural area. Residents were to have access to a vehicle to facilitate their transport needs.

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

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The inspector was satisfied that the rights, privacy and dignity of residents would be promoted and residents' choice encouraged.

The inspector was familiar with the organisation's complaints' policy and found it described how to make a complaint, who to make the complaint to and the procedure that would be followed on receipt of a complaint. It contained details of the nominated person available to ensure that all complaints were appropriately responded to. An easy read version of the complaints procedure was available.

The person in charge told the inspector that a weekly residents' meeting would be held. It was anticipated this would include discussions on items such as the menu for the coming week, plans for the weekend, any issues related to the premises and planned activities.

Arrangements were in place for residents to have access to an advocacy service.

Judgment:

Compliant

Outcome 02: Communication

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

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The inspector was satisfied that residents would be supported and assisted to communicate in accordance with residents' needs and preferences.

Residents' communication needs would be identified in the personal planning documentation and supports put in place where needed. The specific communication needs of intended residents had not, at the time of inspection, been identified. The centre, its staff and management were in a position to support residents to use assistive devices such as iPads, tablets or iPods. Developing the residents skills in the use of assistive technology was expected to be part of the residents' ongoing training plans.

The person in charge had considerable experience in communicating with residents who had complex communications needs. The person in charge discussed strategies that may be used depending on the needs of the residents, including picture exchange communication system (PECS), sign language and social stories. Residents in this centre would have access to the services of a speech and language therapist if necessary and the ongoing support from behaviour support therapists.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

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

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

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

Findings:

From the information available, the inspector was satisfied that families and friends would be encouraged to be involved in the lives of the residents.

The person in charge outlined how staff would facilitate residents to maintain contact with their families. This included access to phone facilities and family invitations to

events in the centre. It was expected that families of intended residents would visit the centre prior to moving to live in the centre.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

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

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The inspector was made aware of the systems in place regarding admission to the centre. There were policies and procedures in place to guide the admissions process. Multi disciplinary meetings took place to ensure the resident's transition was as smooth as possible.

The person in charge outlined the proposed plans for admitting new residents including the supports that would be available during the transition period.

Written agreements will be in place outlining the support, care and welfare of the residents and details of the services to be provided and where appropriate, the fees to be charged.

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):

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

Findings:

The inspector was satisfied that, when implemented, the care and support as described by the person in charge and the regional director of operations would reflect the residents' assessed needs and wishes.

The inspector was aware of the documentation that would be completed in relation to residents social care needs assessments, care planning and reviews of plans.

A plan was in place for each resident to be assigned a key worker. There were plans for weekly meetings, as well as reviews on a regular and annual basis. Several of the staff and the person in charge had met to view the suitability of the new accommodation and become familiar with working in a new team.

From discussions with the person in charge and the regional director of operations, it was evident they prioritised the need to developed a relationship with intended residents prior to any admission to the centre.

Daily records were to be maintained of how residents would spend their day. The inspector saw that the personal plans will contain information about the residents' life, their likes and dislikes, their interests, details of family members and other people who are important in their lives.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The inspector found that the centre was suitable and safe for the proposed number of residents. The centre, a dormer style bungalow, was located in a scenic rural area of East Cork. The house was warm, homely and attractively furnished.

There were five bedrooms, four of which had ensuite facilities. One of these rooms was upstairs, with the remaining four bedrooms at ground floor level. There was a spacious shower room, good storage space, a staff office in addition to two sitting rooms and a large kitchen with an adjoining sun room. There was also a utility room with laundry facilities. There was access to a large garden area. Windows were restricted. Parking was available at the side of the building. Arrangements were in place for the safe disposal of general waste.

Judgment:

Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The inspector was satisfied that the health and safety of residents, visitors and staff would be promoted.

There was a health and safety statement in place. The risk management policy met the requirements of the regulations. Plans were in place around ensuring the health and safety of the resident and staff. An emergency plan was in place. Appropriate fire safety arrangements were in place. A fire alarm system was in place. Certification was available for this. Fire equipment was in place at the time of inspection. Emergency lighting was in place.

A plan was in place to ensure that fire drills would be carried out on admission and at various times of the day and night. Daily checks of escape routes were planned.

The vehicle to be used by the resident was to be rented from a care hire company.

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):

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

Findings:

The inspector was satisfied that measures were in place to protect residents being harmed or suffering abuse.

There was a policy in place on the prevention, detection and response to abuse and proposed staff had received training. The person in charge outlined the procedures they follow should there be an allegation of abuse.

The inspector was satisfied that future residents would be provided with emotional, behavioural and therapeutic support that would promote a positive approach to behaviours of concern. There was a policy in place guiding the management of behaviours of concern. Systems in place included access to the behaviour specialists, psychologists and psychiatrists.

There was a policy in place to guide usage of any restrictive practices and the person in charge was aware of the significance of using them. A restraint free environment was to be promoted and it was not expected that any such practices will be in use in this centre.

Judgment:

Compliant

Outcome 09: Notification of Incidents

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

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The person in charge and the provider were aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents.

Plans were in place to maintain a detailed log of all incidents occurring in the centre and to analyse these for the purposes of learning.

Judgment:

Compliant

Outcome 10. General Welfare and Development

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

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The inspector was satisfied that if the plans discussed were implemented, the general welfare and development needs of residents would be promoted and residents would be afforded opportunities for new experiences, social participation, education, training and employment.

A plan was in place for residents to access local day services in a day centre which the provider was in the process of developing.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The inspector was satisfied that residents' health needs would be regularly reviewed with appropriate input from multidisciplinary practitioners where required.

The inspector was satisfied that residents would have access to a general practitioner (GP), to an out of hours GP service and to a range of allied health professionals including occupational therapists, psychologist, psychiatrist, behaviour support therapist, speech and language therapist.

Nutritional assessments were planned to be completed on admission and as required. Weights were to be recorded on a monthly basis or more frequently if required. The menu choices would be on display. The person in charge discussed how healthy eating options would be encouraged and residents would be actively involved in planning their menus. It was expected that residents would be involved in shopping and cooking in the centre.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The inspector found that the proposed medication management policies and procedures were satisfactory.

The inspector was familiar with the medication policy which was comprehensive and gave guidance to staff on areas such as medication administration, medications requiring strict controls, disposal of medications and medication errors.

Safe storage facilities were provided for medications. The staff proposed to work in this house had undertaken a medication management training programme.

Audits were to be undertaken to ensure compliance with the centre's policy and that all required documentation was correctly completed.

Judgment:

Compliant

Outcome 13: Statement of Purpose

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

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The inspector was satisfied that the statement of purpose met the requirements of the Regulations. It described the service that will be provided in the centre and will be kept under review by the person in charge.

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):

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

Findings:

The inspector was satisfied that the quality of care and experience of the residents would be monitored and developed on an ongoing basis. Effective management systems were in place to support and promote the delivery of safe, quality care services.

Arrangements were in place for the person nominated on behalf of the provider to carry out an unannounced visit on a six monthly basis to review the safety and quality of care and support provided in the centre.

The person in charge had responsibility for carrying out regular audits in the centre.

The inspector was satisfied that there was a clearly defined management structure that identified the lines of authority and accountability. The centre was managed by a

suitably qualified and experienced person in charge. He was knowledgeable about the requirements of the Regulations and Standards. He was supported in his role by the regional manager and the regional director of operations.

Judgment:

Compliant

Outcome 15: Absence of the person in charge

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

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. Deputising arrangements were in the process of being put in place.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The inspector was satisfied that there were sufficient resources to provide effective delivery of care and support in accordance with the statement of purpose.

The centre was attractively decorated. It was spacious. Maintenance requests were managed by the organisation's maintenance department.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

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

Findings:

From the information available at inspection, the inspector was satisfied that there would be appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Evidence was available that staff would be supervised on an appropriate basis. Staff had been recruited and vetted in accordance with best recruitment practice.

The person in charge told the inspector that the staffing levels would be based on the assessed needs of the residents. The plan in place was for the centre to be staffed at all times by two staff members. There would be both waking and sleeping staff on night duty, depending on the needs of residents.

Records of staff training were maintained

Judgment:

Compliant

Outcome 18: Records and documentation

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

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

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

Findings:

The inspector found that there were systems in place to maintain complete and accurate records.

Written operational policies required by Schedule 5 of the Regulations were in place to inform practice and provide guidance to staff.

The inspector found that systems were in place to ensure that medical records and other records, relating to residents and staff, would be maintained in a secure manner. The person in charge was aware of the requirement to ensure that the records listed in Part 6 of the Regulations will be maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as required by the Regulations.

A resident's guide was available and it provided detail in relation to the required areas. It included a summary of the services and facilities provided, arrangements for resident involvement in the centre and a summary of the complaints procedure.

The person in charge had access to an appropriate template for the directory of residents. Adequate insurance cover was in place.

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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Regulation Directorate
Health Information and Quality Authority