

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	The Abbey
<b>Centre ID:</b>	OSV-0005444
<b>Centre county:</b>	Cork
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Nua Healthcare Services
<b>Provider Nominee:</b>	Noel Dunne
<b>Lead inspector:</b>	Margaret O'Regan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	2
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

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

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

Regulation has two aspects:

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

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

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

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

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 03 January 2017 12:30 To: 03 January 2017 16:15

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

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

Background to the inspection:

This centre was first registered in September 2016. This inspection was carried out, four months post registration, to monitor compliance with the regulations and standards.

How evidence was gathered:

As part of the inspection, the inspector met with both residents residing in the two apartments in which the house was divided into. The inspector met with the deputy person in charge and the staff on duty. Evidence was gathered by what was observed, what was documented and what was reported by staff.

The inspector noted that since the centre opened in September 2016, the house has had single occupancy in both apartments in order to meet the complex needs of residents. The inspector was informed there were no short or medium term plans to increase occupancy in these apartments.

Both residents transferred to this centre from other centres operated by Nua Healthcare. Both residents had adapted well to their new environment. One resident in particular, had a marked improvement in their anxiety levels thus, having a positive impact on their overall wellbeing. This was confirmed by all staff with whom the inspector spoke.

Since the transfer, the resident had progressed from not leaving the house to going for 40 minute walks two to three times daily, enjoying trips to the beach and having the confidence to be out in public. The way staff managed behaviours was observed on the day of inspection. It was clear staff were very much in tune with both residents' non verbal communications and dealt with matters in a calm, reassuring and relaxed way.

From discussions with staff and from the documentation available, it was evident the provider had made good provision to accommodate the needs of the residents.

Each apartment had separate staff and separate staffing arrangements. At any given time throughout the day or night there was a minimum of three staff on duty, during day time hours four to five staff were working. One resident had two staff 24 hours per day. These staffing levels facilitated residents to have flexibility in going on outings throughout the day. This helped to mitigate against the occurrence of incidents of behaviours that challenged.

#### Description of the 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 achieved this by providing 'individually planned education, employment and leisure opportunities to support each individual in their ongoing development'.

Each resident had a separate entrance to their apartment and shared a hallway. Each apartment has spacious sitting rooms, kitchen, single occupancy bedrooms, sanitary facilities, laundry facilities, good storage space and staff facilities.

The centre is part of the organisations' community living facilities. The house was well maintained. Two transport vehicles were available to the residents and staff were qualified to drive the vehicles.

#### Overall judgement of our findings:

The inspector found that care was provided in a homely environment in which respect was a core element of all interactions. The inspector noted in the documentation viewed and in the reports provided by staff, that the provider had responded to issues once they arose. For example, staff were provided with extra training, staffing levels were sustained, medical and allied health support was available to residents and residents' overall wellbeing had improved since their transfer to the centre.

Risk assessments were conducted; however, documentation was not available on a risk identified on the previous inspection. This risk related to the low ceiling beams in the bedroom of one resident. This is discussed under Outcome 7 of this report.



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

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that overall, the care and support as described by the deputy person in charge, observed by the inspector and noted in the documentation, reflected the residents' assessed needs and wishes.

The inspector reviewed a sample of the documentation in relation to residents living in the centre and found that it was detailed and specific to the residents. This documentation identified residents' care needs and the plans in place to address those needs.

Residents were assigned a key worker. Staff reported that there was open and supportive communication amongst the team working with residents. There were monthly meetings with the person in charge which facilitated staff discussion around ways in which the service being provided could be amended or changed to further improve the quality of life for the two residents in the service.

From discussions with the deputy person in charge and staff, it was evident they had developed relationships with the residents and were familiar with residents' needs.

The personal plans contained information about the resident's life, their likes and dislikes, their interests, details of family members and other people who were important in their lives. The residents had regular family contact. On the day of inspection the inspector observed how this contact was well managed and facilitated.

**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):**

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

**Findings:**

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

There was a health and safety statement in place. The risk management policy was detailed and covered many risks. However, documentation around a specific risk assessment associated with low ceiling beams in one bedroom was not available.

An emergency plan was in place. Appropriate fire safety arrangements were in place. A fire alarm system was in place. Fire equipment was in place. Emergency lighting was installed and fire doors. Fire drills took place on a regular basis and evacuation times were swift. Daily checks of escape routes took place.

The vehicles used by residents was part of the fleet of vehicles rented from a car hire company by Nua Healthcare. They were reported by staff to be in good working order.

**Judgment:**

Substantially Compliant

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

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 staff had received training. The deputy person in charge outlined the procedures they follow should there be an allegation of abuse.

The inspector was satisfied that 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.

The inspector viewed the risk assessments, the positive behaviour support guidelines and the daily notes. They were specific in their guidance and goals for the residents. There was a policy in place to guide usage of any restrictive practices and staff spoken with were aware of the significance of using them. A restraint free environment was promoted in so far as practicable. Where restraint was used (such as a locked door or the use of a physical hold) it was for the protection of the resident, for the shortest duration possible and documented. Restraint use was closely monitored by the senior management team, the behaviour specialist and the multidisciplinary team. All staff had up to date training in the use of restrictive practices and had up to date training in relation to the provision of positive behaviour support.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

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

Regular health checks were accessed by residents and included, medication review,

blood levels profiling and routine health screening. The residents' weight was monitored and a healthy diet was encouraged. The residents were involved in preparing the food. Residents were supported and encouraged by staff to engage in healthy lifestyle practices such as getting out and about for walks on the beach and in the woods.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

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

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

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

The medication policy 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 working in this house had undertaken a medication management training programme.

An auditing system was in place to ensure compliance with the centre's policy and that all required documentation was correctly completed.

The use of PRN medication (medication given on an as required basis) was reviewed on a monthly basis with the psychiatry team and staff.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and*

*responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that the quality of care and experience of the residents was 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.

At the time of inspection the deputy person in charge was covering managerial duties for the person in charge for a period of two weeks. The deputy person in charge was familiar with the needs of the residents and the running of the centre. He provided support to staff. The deputy person in charge in turn was supported by the regional operations manager, nursing staff employed by Nua Healthcare and the multidisciplinary team.

The inspector was satisfied that there was a clearly defined management structure that identified the lines of authority and accountability. The interim management of the centre was safe and carried out by a person who was knowledgeable about the requirements of the regulations and standards.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

No actions were required from the previous inspection.

**Findings:**

There were sufficient staff with the appropriate skills, qualifications and experience to meet the assessed needs of the residents. Staffing levels took into account both residents' specific needs. There was a regular cohort of staff assigned to each resident which provided good continuity in care. Three staff were on duty at all times, with four to five staff on duty during daytime hours. There was a staff rota available.

The inspector saw that residents received assistance, interventions and care in a respectful, timely and safe manner. Staff were skilled in de-escalation techniques as observed on the day of inspection.

The education and training available to staff enabled them to provide care that reflected contemporary evidence-based practice. For example, staff had received medication management training and training in managing behaviours that challenge.

Staff were aware of the policies and procedures related to the general welfare and protection of residents. Staff had a good awareness of the regulations and standards. Staff were supervised appropriate to their role.

There were effective recruitment procedures that included checking and recording required information. The requirements of Schedule 2 were checked on a previous inspection and requirements had been met.

**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:***

Margaret O'Regan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Nua Healthcare Services
<b>Centre ID:</b>	OSV-0005444
<b>Date of Inspection:</b>	03 January 2017
<b>Date of response:</b>	12 January 2017

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 07: Health and Safety and Risk Management

**Theme:** Effective Services

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

No written risk assessment was available with regards to the risk of injury from low ceiling beams in a bedroom occupied by a resident.

**1. Action Required:**

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management

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

policy includes hazard identification and assessment of risks throughout the designated centre.

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

Person In Charge is committed to ensure that all Risk Assessments relevant to residents are available in their individual Risk Assessment Pack.

**Proposed Timescale:** 12/02/2017