



# Report of an inspection of a Designated Centre for Disabilities (Mixed)

Name of designated centre:	Inisfree
Name of provider:	Nua Healthcare Services Unlimited Company
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	16 May 2018
Centre ID:	OSV-0003382
Fieldwork ID:	MON-0022107

## About the designated centre

The following information has been submitted by the registered provider and describes the service they provide.

This is a service that can provide care and support for up to six adult female residents, each requiring high levels of support so as they can experience best possible mental health. The centre is staffed on a 24 hour basis and there is a full time person in charge on site, who is supported in her role by a team of social care professionals, assistant support workers and administration staff.

The centre is located in County Laois in close proximity to a number of villages and a large busy town. Transport is provided so as residents can access local community based amenities such as shops, shopping centres, hairdressers, beauticians, cafes and hotels.

The centre comprises of eight individual bedrooms (four of which are en-suite), a large very well equipped kitchen, a dining room, a large sitting room, very well maintained communal areas and a staff bedroom and office. Residents also have access to a private and secure garden area, that is well maintained and suitably furnished.

Residents are supported to avail of a number of day service options to include educational and/or vocational facilities where they can engage in meaningful activities of their choosing such as woodwork, educational programmes, animal care and welfare programmes, gardening and community inclusion activities.

Each resident has access to a range of therapeutic techniques and allied healthcare professionals so as to ensure they can experience best possible health and well-being.

**The following information outlines some additional data on this centre.**

Current registration end date:	03/09/2018
Number of residents on the date of inspection:	4

## How we inspect

To prepare for this inspection the inspector or inspectors reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
16 May 2018	11:00hrs to 16:30hrs	Raymond Lynch	Lead

## Views of people who use the service

The inspector met and spoke with two of the residents who avail of this service. Residents reported that they liked living in the house, saw it as their home, staff were friendly, they felt safe there and they were happy with the choices they were supported to make. Residents were also seen to be very at ease and comfortable in the presence of management and staff working in the centre. Feedback about the service from residents via questionnaires was very positive where they reported they felt comfortable in their home, they were happy with the layout of the centre (to include their personal and communal space) and they were satisfied with the arrangements in place to see visitors. Residents also reported that they understood their rights with regard to privacy and dignity, they were happy with the range of educational and social activities on offer to them, were happy with the care and support provided and could speak to a staff member at any time about any issue they may have. Comments from residents about the centre included, 'I am happy here', 'I like it here' and 'I feel safe here'.

## Capacity and capability

This centre was adequately resourced, supportive and responsive in meeting the individual and assessed needs of the residents and demonstrated high levels of compliance across the majority of regulations assessed in this inspection.

There was an explicit and clearly defined management structure in place with clear and explicit lines of authority and accountability. There was a qualified and very experienced person in charge who worked full time in the centre and she was supported in her role by the Director of Operations and the Operations Manager.

The person in charge was a qualified social care professional. She had also undertaken a range of additional training programmes to include management training and safeguarding of vulnerable adults. She provided solid leadership to her staff team and ensured the centre was appropriately resourced to meet the individual and assessed needs of the residents. She provided regular support and supervision to her staff team and ensured they were appropriately qualified and trained so as they had the required skills to provide a person centred, safe and effective service to the residents.

Two staff members were spoken with as part of this inspection and the inspector ascertained that they had the skills, knowledge, experience and managerial supervision required to support people with complex mental health needs in a

responsive and supportive manner.

The Director of Operations and the Operations Manager provided regular and on-going support to the governance and management of the centre. They, (along with the person in charge and deputy team leaders) ensured it was monitored and audited as required by the regulations. The auditing and monitoring processes were seen to be effective as they were promoting a culture of safety and quality and bringing about positive changes to the operational management of the centre. This in turn ensured the centre remained responsive to the needs of the residents.

For example, the 2017 annual review of the health and safety of care in the centre highlighted that an up-dated audit was required on all medicines kept in stock. This had been actioned and the audit was in place by the time of this inspection. A six monthly audit on health and safety procedures identified that an up-to-date emergency evacuation plan was required for the centre. Again, this had been actioned and an up-to-date plan was in place shortly after the audit. Local audits had identified that the process of personal planning with the residents required review and this was a work in progress at the time of this inspection.

Residents had been educated on their rights in the centre and were encouraged to provide feedback on the service they were in receipt of. For example, they were supported and encouraged to speak with their key worker if they had any concerns about the centre and were also supported to make a complaint about any aspect of the service if they wished to do so. Some complaints had been made by residents however, they were being dealt with to their satisfaction. Residents also had access to an independent advocate and these systems were ensuring that their voice was heard and respected in the centre and any concerns they had were being addressed.

Of the staff spoken with the inspector was assured that they had the skills, experience and knowledge to support the residents in a safe, dignified and effective manner. Many held third level qualifications (and some were being supported to undertake third level qualifications) and all had undertaken a suite of in-service training courses to include safeguarding, fire training and manual handling. This meant they had the skills and knowledge necessary to respond to the needs of the residents in a consistent, capable and safe way.

Overall, from speaking with residents, management and staff during the course of this inspection, the inspector was assured that there were systems in place to ensure that the service was being managed effectively and meeting the assessed needs of the residents in a competent and person centred manner. Residents reported that they felt safe in their home and they were very happy and content living there.

## Registration Regulation 5: Application for registration or renewal of registration

A complete application for the renewal of registration of the centre was received by HIQA in a timely manner.

Judgment: Compliant

## Regulation 14: Persons in charge

The inspector found that there was a full time person in charge in the centre, who was a qualified healthcare professional with significant experience of working in and managing services for people with disabilities.

She was also aware of her remit to the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

She provided good supervision and support to her staff team and knew the needs of each individual resident at an intimate level. She held an appropriate third level qualification and had undertaken additional training to include management and safeguarding of vulnerable adults.

Judgment: Compliant

## Regulation 15: Staffing

There were appropriate staff numbers and skill mix in place to meet the assessed needs of residents and to provide for the safe delivery of services. Staff were also supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practices.

Judgment: Compliant

## Regulation 16: Training and staff development

The training made available to the staff ensured that they has the skills and knowledge necessary to meet the assessed needs of the residents in a timely and

person centred manner.

Staff were being supported to undertake a range of training courses to include third level education and a range of in service training to include fire training, safeguarding of vulnerable adults and manual handling.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector was satisfied that the quality of care and experience of the residents was being monitored and evaluated on an ongoing basis. Effective management systems were also in place to support and promote the delivery of a safe, quality based service.

There was a clearly defined management structure in place that identified the lines of authority and accountability.

The centre was also being monitored and audited appropriately so as to ensure the service provided was appropriate to the assessed needs of the residents.

Judgment: Compliant

### Regulation 3: Statement of purpose

The inspector was satisfied that the statement of purpose met the requirements of the Regulations.

It accurately described the service that will be provided in the centre and the person in charge informed the inspector that it will be kept under regular review.

Judgment: Compliant

### Regulation 34: Complaints procedure

The inspector reviewed the complaints policy and found that it met the requirements of the Regulations.

There was a logging system in place to record complaints, which included the nature

of the complaint, how it would be addressed and if it was addressed to the satisfaction of the complainant.

From reading a sample of documentation, the inspectors could see that complaints were being dealt with appropriately in the centre. It was also observed that residents would have access to advocacy services if required.

Judgment: Compliant

## Quality and safety

The quality and safety of care provided to the residents was to a good standard, residents felt safe in the centre and their health, emotional and social care needs were being comprehensively provided for.

From viewing a sample of files, the inspector observed that the residents were being supported to achieve personal and social goals and to maintain links with their families. Through the process of individualised planning the inspectors saw that residents were supported to access the community, undertake educational and training courses to include independent living skills and engage in hobbies of their choosing such as artwork and woodwork.

Regular and as required access to a range of allied health care professionals also formed part of the service provided. The inspector saw that residents had regular access to a General Practitioner (GP), dentist, dietician and optician. Hospital appointments were facilitated as required and comprehensive care plans were in place to support residents with conditions such as epilepsy.

Residents were also supported to enjoy best possible mental health and where required had access to a range of mental health professionals such as a psychologist, psychotherapist and psychiatrist. It was also observed that staff had training in positive behavioural support techniques.

Staff also had training in safeguarding of vulnerable adults and from speaking with one staff member, the inspector was assured that they knew what constitutes abuse, the required reporting procedures and would have no issues with reporting any concerns they may have. Verbal and written feedback from residents informed inspectors that they felt safe in the centre and it was observed that any adverse incident occurring was being managed in a timely and comprehensive manner.

There were systems in place to manage and mitigate risk and keep residents safe in the centre. For example, where a resident may be at risk in the community they were provided with 2:1 staff support. This meant that residents could continue to access community based facilities in a safe and appropriate manner. Environmental risk assessments were also in place to ensure residents were safe in their home. For example, radiators had protective coverings so as to ensure residents did not burn

themselves.

There were a number of restrictive practices in place however, it was observed that they only used to ensure each residents safety. They were kept under regular review and it was observed that some restrictions had been reduced from these reviews. For example, protective coverings had been removed from TV screens.

There were systems in place to ensure all fire fighting equipment (to include the fire panel, fire extinguishers and emergency lighting) was serviced as required. Staff undertook regular checks on all fire fighting equipment and where required, reported any issues or faults. Fire drills were taking place as required and each resident had a personal emergency evacuation plan in place. This ensured that in the unlikely event of a fire breaking out in the centre, there were adequate equipment and procedures in place to evacuate residents in a controlled and safe manner. It was observed that one resident required to have their personal emergency evacuation plan updated after the last fire drill however, once this was brought to the person in charges attention she addressed the issue immediately.

There were policies and procedures in place for the safe ordering, storing, administration and disposal of medicines which met the requirements of the Regulations. Where required, staff provided support to residents with their medication requirements. The inspector found that while PRN (as required) medicines, were used they were not used frequently, there were strict protocols and procedures in place for their administration and they were reviewed regularly. The inspector observed that one PRN protocol required updating however, when this was brought to the attention of the deputy team leader she set about addressing the issue with immediate effect. The inspector observed that Controlled medication was stored and kept safe in the centre as required by the Regulations. All staff had training in the safe administration of medication and this ensures that they were competent in managing and supporting residents with their medication requirements.

Overall residents reported to the inspector that they felt safe in their home, they were very happy with the service, their independence was being supported and encouraged and their health and social care needs were being adequately provided for.

## Regulation 17: Premises

The premise were appropriate to meet the assessed needs of the residents.

It was well maintained both internally and externally with adequate space for residents to enjoy as they so wished.

Judgment: Compliant

### Regulation 26: Risk management procedures

The inspector was satisfied that the health and safety of residents, visitors and staff was being promoted and there were adequate policies and procedures in place to support the overall health and safety of residents.

There was a detailed risk register in place and each resident had a suite of individualised risk assessments on their files. This was to ensure that where a risk was identified, there were measures put in place to mitigate it.

Judgment: Compliant

### Regulation 28: Fire precautions

The inspector saw that there were adequate fire precautions systems in place to include a fire alarm and a range of fire fighting equipment such as fire extinguishers, fire blankets and emergency lighting. All fire equipment including the fire alarm system was being serviced as required.

Documentation viewed by the inspector informed that regular fire drills took place and each resident had a personal emergency evacuation plan in place.

Staff carried out regular checks of escape routes, emergency lighting, the fire panel and all fire fighting equipment and from a sample of documentation viewed, staff had attended fire training as required.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

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

The medication policy which was a comprehensive document and gave clear guidance to staff on areas such as medication administration, medications requiring strict controls, ordering, dispensing, storage, administration and disposal of medications.

All medicines were kept under lock and key in a secured unit in the centre and any staff member who administered medication was trained to do so.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

There were policies and procedures in place on the individualised planning process. Residents were being supported to achieve personal and social goals and it was observed that there was both family and multi-disciplinary input into resident's person plans as required.

Residents were also supported to enjoy a meaningful day engaging in activities of their choosing to include education and training courses, woodwork, animal care and welfare courses, art and woodwork.

It was observed that the process of personal planning required review however, this process was in progress at the time of this inspection.

Judgment: Compliant

### Regulation 6: Health care

Residents health care needs were being comprehensively provided for with appropriate input from allied healthcare professionals as and when required.

Residents also had regular to GP services, their medication requirements were being regularly reviewed and hospital appointments were being supported and facilitated as and when required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents had access to emotional, behavioural and therapeutic supports that promoted a positive, non aversive approach to positive behavioural support. Where required, residents had access to a range of multi-disciplinary supports to include behavioural support therapists, psychologists, psychotherapists and psychiatrists.

Staff had received specific training in positive behavioural support and had the skills and knowledge necessary to support residents in a low arousal and calm manner.

Judgment: Compliant

### Regulation 8: Protection

While there were systems in place to keep the residents safe and all adverse incidents were being reported and investigated appropriately, a number of notifications pertaining to adverse incidents has been received by HIQA from the centre. There were safeguarding plans in place to address this issue however, the inspector remained concerned as there were 20 notifications of peer to peer verbal aggression reported to HIQA in 2018.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

# Compliance Plan for Inisfree OSV-0003382

Inspection ID: MON-0022107

Date of inspection: 16/05/2018

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

## Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection:  A full review of safeguarding has been conducted in the center and an action plan has been devised to support residents around verbal abuse. This Action Plan will be continuously reviewed and monitored to ensure its meets the needs of all residents residing in the Centre	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	12.10.18