



Report of an inspection of a Designated Centre for Disabilities (Adults)

Name of designated centre:	Taliesin House & Log Cabins
Name of provider:	Nua Healthcare Services Unlimited Company
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	23 May 2018
Centre ID:	OSV-0003383
Fieldwork ID:	MON-0021768

About the designated centre

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

This is a service comprising two houses, a singular occupancy apartment and six singular occupancy log cabins providing care and support to 13 adults (both male and female) with disabilities. The centre is located on its own private grounds in the mid-lands and in close proximity to towns and villages. The centre provides care and support to the residents on full time basis. The centre actively encourages residents to be self reliant, to make decisions for themselves and supports independent living arrangements. There is a full-time person in charge managing the day-to-day operations of the centre and she is supported by a team leader, two deputy team leaders and a team of social care workers and assistant social care workers. Residents are supported to pursue social activities and learning opportunities of their choosing and are encouraged to develop and learn new skills. They have access to their local community and are supported to frequent local amenities such as shops, colleges, shopping centres, cafes, hotels, hairdressers and barbers. All residents have access to a range of allied health care professionals to include GP services.

The following information outlines some additional data on this centre.

Current registration end date:	27/08/2018
Number of residents on the date of inspection:	12

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
23 May 2018	11:00hrs to 18:00hrs	Raymond Lynch	Lead

Views of people who use the service

The inspector met and spoke with five of the residents for some time over the course of this inspection. Residents appeared very happy and contented in the service and informed the inspector that they liked living there, they enjoyed their various day services, work placements, jobs and daily activities.

One resident, who had a keen interest in animal welfare was being supported to work in a nearby animal sanctuary. They informed the inspector that they loved their job and were very happy with the support they received from the centre. They had their own individual log cabin in the service and reported that they loved it, was very happy there and felt safe.

Another resident spoke to the inspector for some time about their social activities and holidays. They had recently been supported to go to the Cliffs of Moher and Cashel and reported that they enjoyed this break and got on very well with their key worker and were looking forward to planning a holiday to Paris later in the year. The resident also reported that they were very happy in the centre and felt safe there. They also said that they would speak to any staff member at any time should they have any issues.

Other residents told the inspector that they enjoyed social occasions and were planning to go to a gala ball in June and they were very much looking forward to this. The resident also enjoyed engaging in their daily planner activities and also reported that they got on well with staff and could talk with them at any time.

Throughout the inspection process the inspector observed that residents appeared very relaxed in the centre, appeared very comfortable in the presence of staff members and staff interacted with them in a warm, friendly and professional manner.

Capacity and capability

Residents appeared very happy and content in this centre, and the provider put appropriate supports and resources in place to meet residents' needs. The centre was well-resourced, supportive and responsive in meeting their individual and assessed needs. This was reflected in the high levels of compliance found across the majority of regulations assessed. The model of care provided, which included a number of singular occupancy accommodation units, provided for residents to have choice and independence.

The centre has a management structure which responded to residents' needs and feedback. There was a clearly defined and effective management structure in place. There was an experienced person in charge who worked on a full time basis in the centre and was supported in her role by the Director of Operations and Operations Manager.

The person in charge was a qualified social care professional and provided good leadership and support to her team. She ensured that resources were channelled appropriately which meant that the individual and assessed needs of the residents were being met as required by the Regulations. She also ensured staff were appropriately qualified, trained, supervised and supported so as they had the required skills to provide a person centred, responsive and effective service to the residents.

Of the staff spoken with the inspectors were assured that they had the skills, experience and knowledge to support the residents in a safe and effective way. Many held third level qualifications and all had undertaken a suite of in-service training courses to include safeguarding, children's first, fire training, food hygiene, manual handling and basic lifesaving skills. This meant they had the skills necessary to respond to the needs of the residents in a consistent, capable and safe way.

The Director of Operations and Operations Manager provided regular support to the governance and management of the centre. They, along with the person in charge ensured it was monitored and audited as required by the regulations. As required by the Regulations, there was an annual review of the quality and safety of care available in the centre along with six-monthly auditing reports. Such audits were bringing about positive changes to the operational management of the centre in turn ensuring it remained responsive to the needs of the residents.

For example, an audit on the centre identified that key areas of the service required updating and/or review. This included reviewing the safety statement, some areas of risk assessment and practices around completion of documentation related to medication errors. All these areas had been addressed by the time of this inspection in turn, ensuring effective and responsive oversight and governance of the centre.

There were systems in place to ensure that the residents' voice was heard and respected in the centre. Resident were supported to have 'significant conversations' with their key workers this was supportive of ensuring any concern they may have was heard and acted upon. Where required, residents were also supported to make a complaint. Where a complaint was made, it was logged and acted upon in a timely manner.

Overall, from speaking with residents, management and staff during the course of this inspection, the inspector was assured that the service was being managed effectively so as to meet the assessed needs of the residents in a competent and effective manner. Residents reported that they were very happy with their living arrangements and appeared happy and content in their home.

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 social care 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.

Judgment: Compliant

Regulation 15: Staffing

On completion of this inspection, the inspector was satisfied that 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

Staff were provided with all the required training so as to provide a safe and

effective service. Staff had training in Safeguarding of Vulnerable Adults, Safe Administration of Medication and Positive Behavioural Support.

From speaking with three staff members over the course of this inspection, the inspector was assured they had the skills and knowledge necessary to support the residents and meet their assessed needs.

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 safe, quality care services.

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.

The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

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. In addition the complaints procedures were available to residents in the centre.

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 responded to appropriately in the centre.

It was also observed that residents would have access to advocacy services if required.

Judgment: Compliant

Quality and safety

Residents were supported to have meaningful and active lives. The quality and safety of care provided to the residents was being monitored, it was to a good standard and residents' health, emotional and social care needs were being supported and comprehensively provided for. However, some minor issues were identified with the assessment of risk and management of some peer to peer concerns at the time of this inspection. Another issue was identified with regard to fire safety however, when this was brought to the attention of the Director of Operations the inspector received written confirmation it would be addressed as a priority and within one week of the inspection.

The individual social care needs of residents were being supported and encouraged. From viewing a sample of files, inspectors saw that the residents were being supported to achieve personal and social goals and to maintain links with their families and community. Residents were being supported to have paid employment, play a meaningful role in society, volunteer in local charities and engage in a range of leisure activities of their preference and choice.

A minor issues was identified with the recording of documentation of social care goals however, the Director of Operations informed the inspector that personal plans were under review across the organisation and this issue was soon to be addressed.

Independent living skills also formed part of the service and residents were supported to maintain their independence, learn new skills and some were attending college at the time of this inspection.

Where a resident had a hobby, the inspector saw that it was facilitated. For example, one resident liked gardening was very much involved in maintaining and keeping the grounds of the centre.

Residents were supported with their health care needs. Regular and as required access to a range of allied health care professionals also formed part of the service provided. The inspectors saw that residents had regular access to a GP, dentist,

chiroprapist and a podiatrist. Hospital appointments were facilitated as required and comprehensive care plans were in place to support residents with conditions such as diabetes or epilepsy. These plans helped to ensure that staff provided consistent care in line with the recommendations and advice of the health care professionals.

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 behavioural support specialist and psychologist. It was also observed that staff had training in positive behavioural support techniques so as they had the skills required to support residents in a professional and calm manner if or when required.

Residents reported to the inspector that they felt safe in the centre and it was observed that any adverse incident occurring was being managed in a timely manner. Residents were informed of their rights, knew how to make a complaint if they had to and had access to independent advocacy services. Staff had training in safeguarding of vulnerable adults and from speaking with one staff member, the inspector was assured that they knew what constitutes abuse and the required reporting procedures.

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, 1:1 staffing support was provided. This ensured that the resident remained connected to their community and could engage in regular social activities in a safe and dignified manner. However, some risk assessments required review as they were not adequately descriptive of some of the measures in place to keep residents safe.

It was also observed there were some peer to peer issues that were on-going at the time of this inspection. While the centre had put a number of steps in place to address and mitigate this risk, some issues with regard to verbal interactions between residents remained on-going and required a response and management by the provider.

There were systems in place to ensure all fire fighting equipment was serviced annually. A sample of documentation informed the inspectors that staff undertook daily, weekly and monthly checks on all fire fighting equipment and where required, reported any issues or faults. However, it was observed that there was no emergency lighting in the singular apartment or the log cabins that comprised the centre. When this was brought to the attention of management they informed the inspector that this would be addressed as a priority. Photographic evidence that emergency lighting had been installed throughout the centre was received by HIQA five days after the inspection took place.

There were policies and procedures in place for the safe ordering, storing, administration and disposal of medicines which met the requirements of the Regulations. Residents were supported to independently look after their own medication where they wished to do so. All residents had undertaken a self administration of medication assessment and where required, staff provided support to some residents with their medication. p.r.n. (as required) medicine, where in use was kept under review and there were strict protocols in place for its administration.

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

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 Health and Safety Statement in place in the centre and there was also a policy on risk management. The Safety Statement and risk management policy were comprehensive and met the requirements of the Regulations.

Management had put together a risk matrix containing environmental and individual risks and identified the mitigating factors in addressing such risks. However, some areas of risk assessment required review as they were not adequately descriptive of the measures in place that were keeping residents safe. It was also observed that there was an ongoing risk of peer to peer verbal aggression and this was an area which required further review by the provider.

Residents had mobile phone in each of their log cabins so as to contact a staff member if the need arose.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector saw that there were adequate fire precautions systems in place in the two houses that comprised this centre to include a fire alarm and a range of fire fighting equipment such as fire extinguishers, fire blankets and emergency lighting.

There was no emergency lighting installed in some parts of the centre. When this was brought to the attention of the Director of Operations she provided written assurances that this would be addressed as a priority. Emergency lighting was installed throughout the centre within five days of the inspection being completed and documentary evidence of this was provided to HIQA.

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

There were systems in place to ensure that all fire equipment including the fire alarm system was being serviced as required by the Regulations.

Staff carried out regular checks of escape routes, emergency lighting, the fire panel and all fire fighting equipment and from a small 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. The policy was also informative on how to manage medication errors should one occur. It was observed that there had been no recent drug errors reported in the centre.

All medicines were securely stored 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.

Residents were also supported to enjoy a meaningful day engaging in activities of their choosing. Some minor issues were identified with regard to the recording of social care goals however, this was in the process of being addressed at the time of this inspection.

Judgment: Compliant

Regulation 6: Health care

The inspector was satisfied that residents health 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

The inspector was satisfied that the residents had access to emotional, behavioural and therapeutic supports that promoted a positive, low arousal approach to behaviours of concern. Where required, residents had access to a range of multi-disciplinary supports to include behavioural support therapists and psychology. Staff also had received specific training in positive behavioural support.

There were some restrictive practices in use in the centre. However, they were being reviewed as required and were only in use to promote the residents safety. The inspector observed a plan of action to reduce one restriction that had been put in place for a resident, with the ultimate aim being to remove the restriction in its entirety in an agreed and appropriate time frame. Input from allied health care professionals to include psychiatry was being provided to the resident with regard to this intervention .

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
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
Quality and safety	
Regulation 26: Risk management procedures	Substantially 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

Compliance Plan for Taliesin House & Log Cabins OSV-0003383

Inspection ID: MON-0021768

Date of inspection: 23/05/2018

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>The Person in charge has reviewed all individual risk management plans. All control measures used to mitigate risk and keep Service users safe in the center are detailed in Risk management plans.</p> <p>The Person in Charge working with the Director or Operations, the Operational Manager and the Admissions, discharge and transition team have sourced an alternative placement for one Resident residing in the Centre in consultation with Resident, HSE and Family. At time of Inspection a specific location was identified and a date for this move has now been established. This resident is now involved in a transition plan.</p>	

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 26: Risk management procedures	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	15/07/2018