



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

## Issued by the Chief Inspector

Name of designated centre:	Greenacres
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Wexford
Type of inspection:	Short Notice Announced
Date of inspection:	23 July 2020
Centre ID:	OSV-0005803
Fieldwork ID:	MON-0029665

## About the designated centre

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

This designated centre was opened in October 2018 by the registered provider Nua Healthcare. The purpose and function of this service was to provide residential care to three children with disabilities aged between 12-17 years of age. The registered providers statement of purpose highlights clear pre-admission assessment and the provision of a safe, homely, positive and supportive home in Greenacres. The governance model outlined in the statement of purpose cites an experienced staff and management team, clinical governance and oversight and the provision of a high quality person centred service in a 'family/home' environment.

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

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as 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
Thursday 23 July 2020	11:41hrs to 17:30hrs	Carol Maricle	Lead

## What residents told us and what inspectors observed

The inspector had the opportunity to meet with the two children over the course of this inspection.

The inspector spent time with one child both in their single occupancy apartment and outside in the grounds. This child showed the inspector around the outside grounds of the centre and talked with the inspector about their interests. They were getting ready to go on a day trip with staff and were observed to be comfortable in their exchanges with staff.

The inspector spent time with a second child as they had their lunch and they enjoyed talking mostly about current affairs and the COVID-19 pandemic. Home tuition had been organised on the day of inspection for this child. They told the inspector they liked living at the centre, had no concerns and they confirmed the involvement of their family in their lives.

Overall, both children presented as content, they were dressed appropriately for their age and they discussed activities they participated in, which was in line with peers of their own age. Staff on duty were observed to support the children well. Both children had an age appropriate knowledge of the COVID-19 pandemic and the relevant need for good hand hygiene.

## Capacity and capability

The centre was registered to open in October 2018 and this was the second inspection since that time. This inspection was undertaken to ascertain the provider's ongoing compliance with the regulations and standards and the quality and safety of the children's lives. It was also informed by information received by HIQA and communication with the provider in relation to this prior to the inspection. This inspection took place during the Covid-19 pandemic.

Overall the provider demonstrated good examples of good governance at provider level with systems for monitoring of care and auditing evident. The actions from the previous compliance plan had been addressed and closed prior to this inspection.

The registered provider had ensured that there were systems in place to govern the centre. There was a qualified and experienced person in charge in place who worked full-time and carried responsibilities to a second centre. They were supported in the discharge of their duties by two deputy team leaders. The person in charge demonstrated a good knowledge of the Regulations, Standards and the needs of

children in the care of the State.

The centre had an annual review of their service completed in the year prior to this inspection. The provider had also carried out two six monthly unannounced inspections. Both documents made reference to the voice of the child. These were detailed documents that provided clear findings and actions. The person in charge gave updates on any actions identified in these reports. The inspector viewed a sample of team meeting minutes and supervision sessions and all of this information showed that there were good management systems in place with information appropriately relayed to staff.

On the day of this inspection, staff numbers and skill-mix were suitable to meet the needs of the children. Each child was assigned a staffing ratio based on their needs and this changed at certain points of the day, this ensured that children could access their chosen activities. During conversation, staff indicated a good knowledge of children's needs, wishes and preferences. Staff presented as very caring and interested in their work and the children presented as happy, comfortable and at ease with staff on duty.

There were sufficient resources at the centre to ensure the children led a good life. There were suitable staffing numbers. The children had access to sufficient communal spaces. There were a number of centre vehicles available for staff to drive the children to their activities. There was a suite of multidisciplinary services available to the children through the provider. The children had access to technology which was appropriate given their age.

Since the previous inspection, the statement of purpose had been updated to better reflect that this service was a children's service.

The inspector reviewed the records of complaints and overall found that they were received and acknowledged by the complaints officer with an outcome recorded. There were some gaps in the associated documentation that did not result in a risk to the children.

## Regulation 14: Persons in charge

The registered provider had appointed a person in charge. They had the relevant experience and management qualification. They carried responsibilities to a second designated centre and were therefore supported in the discharge of their duties by two deputy team leaders.

Judgment: Compliant

### Regulation 15: Staffing

The registered provider had ensured that there was a full complement of staff that addressed the needs of the residents.

Judgment: Compliant

### Regulation 16: Training and staff development

The registered provider had ensured staff were trained in mandatory areas. Staff had also completed training in areas relevant to COVID-19 pandemic such as hand hygiene, infection control and the donning and doffing of personal protective equipment.

Judgment: Compliant

### Regulation 19: Directory of residents

There was a directory of residents in place and this contained the required information as required by the Regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider had ensured that they had put in appropriate systems for the governance and management of the centre. They had completed an annual review of the service in 2019 and this contained the viewpoint of the residents. They had completed two inspections in the 12 months prior to this inspection. They employed a team of deputy team leaders and a person in charge to manage the centre.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose that met the requirements of the Regulations and this had been reviewed on a number of occasions since the centre had opened.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had adequately notified the chief inspector of incidents required by law to be notified.

Judgment: Compliant

### Regulation 34: Complaints procedure

There had been a number of complaints made in the previous 12 months prior to this inspection. The inspector reviewed the records of complaints and overall found that they were received and acknowledged by the complaints officer with an outcome recorded. There were however some gaps in the associated documentation found however it was adjudged that this did not result in a risk to the children.

Judgment: Substantially compliant

## Quality and safety

On the day of this inspection, there were two children living at the centre and one vacancy. Overall the children in this centre were found to be provided with a service that promoted quality and safety. The children were observed to be content and comfortable in their home.

The children had a good quality of life. They participated in activities of their choosing in addition to being supported to attend school. The inspector found that staff were very familiar with the children's preferences, their individual likes and dislikes and actively promoted them. From observations made, staff engaged warmly with the children and on occasion were seen to remind the child(ren) of expectations regarding their behaviour that the inspector observed to be appropriate. The atmosphere in the centre was homely with a pleasant aroma in the afternoon of home cooked meals.



Each child had personal planning arrangements in place and there was evidence of a review of same. These were based on an annual assessment of need. Key-workers were assigned to the children and they held monthly key working sessions with the children in an effort to set goals, plan activities and relay key messages to the children on issues such as COVID-19. There was evidence of resident forums taking place with each during which the children had an opportunity to have their say on the running of the centre.

As this inspection took place during the COVID-19 pandemic, family contact was restricted prior to this inspection in line with guidance issued by the health service executive and children were supported to use technology to communicate. This has also been adjusted along with updated guidance received and children had resumed face to face contact with their families.

From a review of documents and in conversation with staff it was clear that there was a value placed on education and staff had successfully found a school placement for a child in the local area upon their local admission. Staff kept in close contact with the school staff and worked with them in addressing any concerns raised. As this inspection took place during the COVID-19 pandemic the staff had supported the children to keep in contact with the school and complete any work assigned.

Good health was being promoted with access to the usual services that a child would access such as the general practitioner and dentist. Staff had facilitated children to attend more specialist services where required and there was evidence of same in their files.

There were appropriate systems, in accordance with the legislation, for the protection of children and responding to abusive incidents or allegations which occurred. The provider had acted promptly to address these matters when such issues occurred. The appropriate notifications had been made to statutory services. The person in charge presented as well informed about the legalities around children who were in the care of the state. The majority of the legal paperwork confirming a child's status with Tusla was on file or obtained on the day of the inspection by the person in charge. The inspector noted that any decisions or actions assigned by Tusla to staff at the centre were appropriately followed up.

The registered provider had put in place systems around the admission and discharge of residents. There had been a planned discharge of a resident a number of months prior to this inspection. The inspector saw evidence of a detailed plan of discharge for same.

At the previous inspection it was noted that significant improvement was required in the area of positive behaviour support, namely the use of restrictive practices. At this inspection it was found that progress was made. The person in charge submitted to HIQA on a quarterly basis an accurate account of all restrictive practices used, including the use of physical interventions. The registered provider showed the inspector the internal quarterly review carried out of each restrictive practice used with each child and there was consideration given at each

review to the ongoing need of the restriction. The restrictions used at this centre included that of external doors being locked for safety reasons, sharps and chemicals locked away, window restrictors and restrictions placed on the children while traveling in the centre vehicle. Some of the children had to hand their tablets and phones to staff at night but these decision were normally made with families and social workers. Direct physical interventions were used on occasions. The inspector reviewed a sample of these incidents and found that the person in charge reviewed these as part of the overall incident review record completed by staff. There was good guidance given to staff on responding to behaviours as a first response before the use of reactionary strategies, as set out in the multi-element behavioural support plans, individualised for each child.

There were systems in place at the centre regarding infection control measures and this was significant given how this inspection took place during the COVID-19 pandemic. The staff team, under the leadership of the person in charge were following the guidance of the health service executive and the health protection and surveillance centre in addressing all matters relating to COVID-19. Appropriate systems were in place for protection against infection and the management of the COVID-19 pandemic. Local and individual risk assessments relating to the prevention of the COVID-19 had been carried out. Staff were observed adhering to standard infection control precautions. On a number of occasions throughout the day staff were observed cleaning touch points in the centre. There were adequate hand washing facilities and ample stocks of personal protective equipment available. There was an adequate standard of cleanliness noted throughout the centre. Staff were using personal protective equipment and maintaining physical distancing where appropriate in line with national guidance.

The person in charge maintained both a centre risk register and and individualised risk assessments for each child. The centre register was location specific and contained information on centre wide hazards including the risk associated with Covid-19 pandemic. The inspector reviewed a sample of individualised risk assessments for the children and found that they were regularly reviewed and particular to each child.

## Regulation 10: Communication

The registered provider ensured that children were assisted and supported at all times to communicate. Children had access to television, phones and the internet, of which some had restrictions placed on their availability in line with guidance issued by families or by Tusla social workers.

Judgment: Compliant

### Regulation 11: Visits

This inspection took place during the COVID-19 pandemic and this meant that the registered provider had to restrict normal visiting arrangements in line with guidance issued by the health service executive. Updated guidance in this area was being followed by the registered provider in this regard.

Judgment: Compliant

### Regulation 13: General welfare and development

The person in charge had ensured that residents attended school and that information on the educational targets and attainments was received from the schools.

Judgment: Compliant

### Regulation 17: Premises

The registered provider had ensured the premises of the centre was designed and laid out to suit the needs of the residents. It was of sound construction and kept in a good state of repair externally and internally. It was clean and suitably decorated.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured that where residents were discharged from the service, this was done in a planned and safe manner.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider had put arrangements in place for the assessment, management and ongoing review of risk. The risks associated with COVID-19 were

identified and controls put in place to mitigate against these risks.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider had ensured that residents who may be at risk of developing a healthcare associated infection are protected by developing procedures consistent with guidance issued by the health service executive and the health protection and surveillance centre.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The person in charge had ensured that each child had an assessment of need completed, from which a personal plan was devised. This plan was the subject of regular review which included an annual formal review with the resident and their families.

Judgment: Compliant

### Regulation 6: Health care

The registered provider had ensured that systems were in place to provide appropriate healthcare for each resident, having regard to their personal plan.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were systems in place to promote positive behaviour. Staff were trained in this area. There was evidence that the person in charge reviewed all restrictive practices used at the centre on an individual basis and in an internal formal quarterly review.

Judgment: Compliant

### Regulation 8: Protection

Where children were in the care of the State, the person in charge had the required documents that confirmed their legal status and the care plan that confirmed the way in which care was to be delivered to that child.

Judgment: Compliant

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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Greenacres OSV-0005803

Inspection ID: MON-0029665

Date of inspection: 23/07/2020

## 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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ol style="list-style-type: none"><li>1. In the event of a Resident being dissatisfied with the outcome of a complaint they have made, they will be given the option to appeal, request a HSE review or escalate the matter to the Ombudsman for Children. Should they refuse all of these options, their Social Worker will be notified.</li><li>2. A key working session will be completed with all Residents to ensure they are aware of the complaints process and fully understand same.</li><li>3. A record of all complaints including details of any investigation, the outcome and whether the Resident was satisfied or not will be kept on file. Should the PIC be unable to obtain any relevant documentation in relation to the complaint, they will contact the Resident's Social Worker to discuss how this can be rectified.</li><li>4. All of the above points will be discussed with the Staff team at the next team meeting.</li></ol>	



**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 34(2)(b)	The registered provider shall ensure that all complaints are investigated promptly.	Substantially Compliant	Yellow	30/10/2020