



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

Issued by the Chief Inspector

Name of designated centre:	The Pines
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	08 September 2021
Centre ID:	OSV-0005303
Fieldwork ID:	MON-0026035

About the designated centre

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

The Pines is a residential service which aims to provide 24-hour care to Adults with disabilities both male and female from age 35 years of age onwards. The centre is managed by an experienced qualified social care professional. There are a team of social care workers and support workers working in the house who support the residents and ensure their assessed needs are provided for. The house is located in a busy town in Co.Laois, and residents are supported to have meaningful roles in their community. Residents are supported with employment and also supported to frequent local amenities such as barbers, hairdressers, beauticians, pubs, restaurants, cafes and shopping centres. The house comprises of four large bedrooms (some en suite) and are decorated to the individual style and preference of the residents. There is a large well equipped kitchen/dining room, a spacious, comfortable and homely sitting room, a large communal bathroom and a room providing an office space/sleep over facility for staff. There is a very well maintained garden area to the rear of the property.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Wednesday 8 September 2021	09:30hrs to 16:30hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

There were three residents living in the centre on the day of inspection and the inspector had the opportunity to meet and speak with all three residents. Residents communicated their thoughts verbally and expressed high levels of satisfaction with the service provided.

The inspection took place during the COVID19 pandemic and therefore, precautions were taken by both the inspector and the staff. This included social distancing, hand hygiene, temperature checking and the wearing of personal protective equipment in line with national guidance for residential care facilities.

Residents were observed going about their normal daily routines and engaging in meaningful activities throughout the day of the inspection. In general, the resident directed the care and support they received. Residents appeared quite independent with activities of daily living. Residents were observed heading out on walks by themselves and to the local shop to buy their newspaper. One resident was observed playing cards with the person in charge in the afternoon. A review of documentation showed that residents regularly enjoyed partaking in individualised daily activities of their choice including home visits, social outings, trips to the beach, arts and crafts, baking and trips to the cinema. Residents also regularly enjoyed visiting local pubs, shops and café's and disco's.

The premises was a three storey semi-detached house. The home was visibly clean, homely and warm on the day of inspection. Resident all had their own bedrooms and bathrooms which they had personalised to suit their preferences. The inspector observed pictures of the residents and artwork completed by the residents, hung around the walls of the centre. The centre had a small private back garden where one resident showed the inspector some gardening work they had done with the person in charge and staff, this included growing their own tomatoes.

Resident had the support of a core staff team in the centre, which comprised of social care workers and support workers. There was a full time person in charge who was regularly present in the centre and also was part of the staff compliment at times and provided direct support for residents. Staff had all received mandatory training with the provider in a number of key areas and appeared suitably qualified to meet the residents needs. Residents appeared satisfied with the support they received from staff when asked by the inspector.

Residents attended weekly service user forums where complaints, resident rights and any changes in the centre were regularly discussed. This was also a forum for resident to discuss meal options for the week ahead and raise any concerns they might have. Residents also had a key staff member assigned to them who regularly completed one to one sessions to discuss any ongoing issues or to consult with them about the service provided. The upcoming HIQA inspection had been a topic

discussed during some of these sessions.

Overall, the inspector found that the residents in this centre were supported to enjoy a good quality of life which was respectful of their choices and wishes. Residents were supported to live as independently as they were capable of. Overall, the inspector found that residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support.

High levels of compliance with the regulations reviewed were observed on the day of inspection. In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered in the centre.

Capacity and capability

The purpose of the inspection was to monitor the centres ongoing levels of compliance with the regulations and to inform a registration renewal decision. A registration renewal pack had been submitted to HIQA prior to the inspection day and this had been submitted within the required time lines. The inspector found that the registered provider, NUA Healthcare, was demonstrating the capacity and capability to provide appropriate care and support to the residents which was person-centred and promoted the resident's needs and preferences. The provider had ensured that the centre was adequately resourced and that the service provided was safe and effectively monitored regularly. The provider had appropriately addressed any actions from the centres most previous inspections.

There was a clear management structure in place and lines of accountability. There was a full time person in charge who was supported by a deputy team leader. The person in charge was present in the centre regularly. There were a number of quality assurance audits in place to review the delivery of care and support in the centre. These included reviews of health and safety systems, six-monthly unannounced provider visits and an annual review of the care and support. There were effective systems to support staff to carry out their duties to the best of their abilities. Staff were in receipt of regular formal supervision every two months. The provider had a staff training program, and the inspector found staff had received appropriate training to meet the residents needs. Staff meetings and resident meetings took place on a regular basis.

Registration Regulation 5: Application for registration or renewal of registration

All prescribed information required to be submitted to HIQA for the centres renewal of registration were submitted in the correct format and within the time lines required. This included a statement of purpose and floor plans of the centre which

both provided an accurate description of the centre and service provided.

Judgment: Compliant

Regulation 15: Staffing

There was a staff rota in place that accurately reflected staff on duty on the day of inspection. There was a core team of regular staff in place supporting the residents. Staff were a mix of social care workers and support workers. The centres whole time equivalent of staff identified on the centres statement of purpose was suitable to meet the residents assessed needs and was in line with number reflected on the centres staff rota. Staff meetings were held monthly and this was used to communicate any changes in the centre and to discuss any ongoing issues such as complaints, safeguarding concerns, residents goals, policies and risk management. The inspector observed respectful interactions between staff and residents throughout the inspection day

Judgment: Compliant

Regulation 16: Training and staff development

Staff had completed a program of mandatory training and refresher training. This included training in safeguarding, food hygiene, behaviour management, fire safety, risk management, infection control, intimate care, manual handling, autism and medication management. Staff also engaged in information sessions with a nurse specialist regarding the management of diabetes. Formal one to one supervisions were taking place between all staff and line managers every two months. There was also a system in place for probating new staff members and performance reviews.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured there was an appropriate certificate of insurance in place. Evidence of this was submitted as part of the centres registration renewal pack.

Judgment: Compliant

Regulation 23: Governance and management

There were appropriate governance and management systems in place in the designated centre. There was a full time person in charge who was supported by a deputy team leader. Both were regularly present in the centre to support residents. The centre was also supported by a regional director of operations who was senior to the person in charge and had regular oversight of the care and support provided. A weekly report was comprised by the person in charge or deputy team leader, and sent to the director of operations. This included a synopsis of any adverse accidents, incidents, medication errors, staffing issues or safeguarding concerns.

There was evidence that the service provided was regularly reviewed at a centre level and at a senior management level. The provider had ensured six monthly unannounced visits to the centre were completed which included audits of the centres compliance with the regulations. Regular audits and checks were completed by the person in charge or director of operations, on the areas including residents files, health and safety, maintenance and administration. An annual review of the care and support provided had also been completed for 2020. An easy read version of this review had been made available to the residents and this was also discussed with residents during key working sessions. Other persons in charge working with the same provider, met regularly and meetings were used as a forum for shared learning.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure in place and residents were regularly consulted regarding their views and levels of satisfaction with the service provided. There were no complaints communicated with the inspector on the day of inspection. The complaints procedure was prominently displayed in the centre and regularly discussed with the residents. The centres complaints officer had recently changed and this had been discussed with residents during key working sessions.

Feedback questionnaires were issued to residents annually where they were invited to provide their views on areas including food, premises, visitor arrangements, residents rights, activities and staffing. The inspector reviewed a sample of these and noted that that one resident communicated that they would not like to change a thing in the centre. Another resident stated that staff were very good to them and that staff always support them. The three residents also filled out satisfaction questionnaires issued to the centre by HIQA prior to the inspection day. These also all communicated high levels of satisfaction with the service provided.

Judgment: Compliant

Quality and safety

The inspector found that overall, the registered provider was providing a safe and effective service to the residents. The designated centre provided a spacious and comfortable environment for residents. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the care practices required to meet those needs. Good practice was noted in areas such as personal planning, activation, personal goal setting, risk management and medication management.

The inspector viewed a sample of residents' assessments and personal plans. These were found to be person-centred and regularly reviewed and updated. The inspector reviewed the fire management arrangements and found the provider ensured that appropriate fire precautions were in place and that these precautions were well maintained. The staff team were conducting regular fire drills which indicated that all residents could be evacuated in an efficient manner at all times of the day and night.

The registered provider had effective systems in place to prevent and control the potential spread of COVID-19 in the centre and adequate contingency arrangements in case of infection.

Regulation 26: Risk management procedures

There was a system in place for the assessment, management and ongoing review of risks in the designated centre. All residents had individual risk management plans in place

There was a centre risk register in place which identified all potential risks in the centre and included assessments of risks associated with issues including restrictive practices, smoking, fire, lone working and visitation to the centre. Residents sometimes spent short periods of time unsupported by staff and this had been risk assessed and mitigating measures implemented. One resident had recently changed bedrooms in the centre and an environmental risk assessment had been completed before the move to ensure that their new bedroom was a safe environment for them. This included a falls risk assessment.

There was service plans in place for in the event emergencies, including medical emergencies, and there was an on-call management system in place for staff to contact outside of normal working hours.

Judgment: Compliant

Regulation 27: Protection against infection

The designated centre had systems in place for infection prevention and control. The service was implementing measures to reduce the risk of COVID-19 in the centre. This included staff wearing personal protective equipment (PPE) and regular temperature checks being completed with staff and residents.

The registered provider had developed a management plan for in the event of an outbreak of COVID-19 and a folder was in place with up-to-date guidance on the management of COVID-19 in residential care facilities. Accessible versions of COVID-19 information had been developed and made available to residents. The inspector noted signage around the centre with guidance regarding hand hygiene procedures and cough etiquette. Standard operating procedures had been developed which included details on how to support each individual resident in the event of an outbreak of COVID-19. Individual risk assessments had also been completed which reviewed potential risks associated with COVID-19.

The inspector reviewed a sample of the centres cleaning records and schedules and found that appropriate systems were in place for daily cleaning and the deep cleaning of the environment. The house was visibly clean in all areas on the day of inspection. The staff were implementing an enhanced cleaning schedule which included disinfecting surfaces in the centre every two hours. The centre used separate coloured cloths and cleaning tools for cleaning different areas of the home. All staff had received up-to-date training in infection prevention and control.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems were in place in the centre. Following a walk around the centre, the inspector observed fire fighting equipment, emergency lighting, clear exit routes, detection systems and containment systems. Fire fighting equipment was regularly serviced by a fire specialist.

Staff and residents were completing regular emergency evacuation drills which demonstrated the ability to evacuate the centre in a safe and efficient manner. These simulated both day and night time conditions. Risk assessments had been completed to consider and mitigate potential fire safety risks and hazards.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were safe and suitable practices in place for the management and administration of residents medications in the designated centre. There was appropriate, clean and safe storage in place for all medication. All medicines reviewed were in date and clearly labelled as per the residents prescription kardex. Staff were completing regular stock checks. Clear protocols were in place for the administration of medication given as required (PRN). Administration records clearly identified when staff had administered medication and the centre was appropriately resourced to ensure that medication could be administered by staff in line with current guidance.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

All residents had comprehensive assessments of need and personal plans in place. These appropriately reflected the resident needs and supports required for activities of daily living. Assessments and care plans were subject to regular review. Some parts of the care plans had been worded by the residents themselves, this included a section detailing "Who am I" and this provided an in-depth synopsis regarding important information about the residents. Residents all had annual review meetings where the care and support provided was reviewed in full and goals for the year ahead were discussed.

Progression of residents personal goals was evident. Residents all had individualised goals and aspirations and these were clearly reflected in residents documentation and supported by staff. Action plans were in place for residents desired outcomes with clear time lines. Some residents goals included holidays abroad, celebrating birthdays, visiting friends and health goals. Residents were all assigned key workers and regular one to one key working sessions were completed with residents to discuss their goals and other relevant topics.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours and had regular access to a service behavioural therapist, if or when required. Behavioural support interventions were outlined in residents personal plans of care, when required. Residents appeared to live together compatibly. The centre maintained a register of restrictive

practices in use. Clear rationale was evident for any use of restrictive practices in risk documentation. Restrictive practice review meetings were held on a quarterly basis.

Judgment: Compliant

Regulation 8: Protection

All staff had received up-to-date training in the safeguarding and protection of vulnerable adults. All residents had intimate care plans in place which guided staff to safely support residents with personal care. Safeguarding incidents were minimal in the centre and treated in a serious manner and in line with national policy. There were no open safeguarding concerns on the day of inspection. All residents managed their own finances independently and this had been assessed. An inventory of all residents belongings had been maintained and was reviewed bi-annually.

Judgment: Compliant

Regulation 9: Residents' rights

The resident rights appeared to be respected and residents appeared to have choice and control in their daily lives. Resident forums were held weekly and these were used to discuss menu options for the week ahead and issues including complaints and residents rights. Residents appeared to direct the care and support that they received and appeared to enjoy meaningful and fulfilling daily routines. Residents own personal goals and aspirations were supported and respected.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant