Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Mount Eslin
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Leitrim
Type of inspection:	Unannounced
Date of inspection:	01 March 2022
Centre ID:	OSV-0005445
Fieldwork ID:	MON-0035875

About the designated centre

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

This is a service providing care and support to six adults in Co. Leitrim. The centre consists of a large two storey house on its own grounds in a rural location. One resident has their own self-contained studio apartment within the house; comprising of a fully equipped kitchen/dining area, a sitting room and bathroom. The other five residents have their own en-suite bedrooms which are decorated to their individual style and preference. Communal facilities include three large sitting rooms, a large well equipped kitchen/dining room, a second dining room and a laundry facility. The gardens to the front and rear of the property are large and very well-maintained with adequate private parking available. The service is staffed on a 24/7 basis by a person in charge, a team leader, a deputy team leader and a team of social care professionals. Managerial support is also provided from the director of operations. Systems are in place to provide for the social, health and overall well-being of each resident and as required access to GP services and a range of other allied healthcare professionals form part of the service provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

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 (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
Tuesday 1 March 2022	11:40hrs to 16:40hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

This was an unannounced inspection to monitor compliance with a number of specific regulations. The inspection was scheduled as a result of a number of incidents that had been reported to the Health Information and Quality Authority (HIQA) in line with the regulations. As the focus of this inspection was narrow, the building was not inspected and the inspector did not have the opportunity to spend time with all residents. Overall, the inspector found that there was good governance and management in the centre that resulted in a safe, good-quality service.

The centre was a two-storey house in a rural location. It consisted of a main house where each resident had their own bedroom with en-suite bathroom. There was a shared kitchen and living rooms. The centre also had two self-contained apartments within the building.

The inspector met with one resident who reported that they were happy living in the centre. When the inspector asked them about the centre, they said it was 'great'. They said that they could raise any issues with staff and would be comfortable making a complaint. They said that they had no complaints at present and that they got on well with their fellow residents.

In conversation with staff, it was clear that staff were knowledgeable on the residents' needs and preferences. Staff could identify behaviours that indicated that residents were calm or beginning to become anxious or distressed. They were aware of the strategies that should be used to support residents with their behaviour. They were knowledgeable on the residents' healthcare needs, their interests and hobbies. Staff were noted interacting with residents in a friendly and caring manner. Staff were respectful when they spoke about the residents.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of the service being delivered to residents.

Capacity and capability

The focus of the inspection was in relation to risk, specifically in regards to safeguarding residents and managing behaviours that are challenging. Overall, the inspector found a very good level of compliance in this area. There was good management and oversight of the centre. Staffing arrangements and staff training were appropriate to meet the needs of residents to ensure their safety and to

support them manage behaviours that were challenging.

The inspection was facilitated by the person in charge and the team leader who was on duty at the time of the inspection. Both were knowledgeable on the needs of individual residents and the requirements of the service as a whole. The inspector reviewed rosters for the centre and found that there were planned and actual staff rosters in place. There were adequate numbers of staff on duty at all times to meet the needs of residents. This allowed the person in charge and the team leader to complete the required management and oversight tasks in the centre in line with the provider's guidelines. Shift times were staggered to ensure that there was handover of information between day and night staff. Staggered shift times also allowed for some staff to be on duty later in the evening to facilitate social outings for residents. There was a consistent group of staff employed in the centre who were familiar to the residents. Agency staff was not required as there were adequate staff numbers to cover periods of leave. The provider had recently completed a recruitment campaign and three new members of staff were due to start in the centre in the coming weeks. The service was led by social care workers. The person in charge reported that input from nursing staff was available on-call as required from the provider's nursing team.

Staff training records were reviewed. Detailed training records were maintained in the centre and dates when training was due to expire had been identified by the person in charge. The provider had identified a number of modules that were mandatory for all staff. Staff training in these modules was mostly up to date. Two staff members needed refresher training in managing behaviours that are challenging. Dates for this refresher training had been identified. The relevant staff were booked onto training courses that were due to occur in the near future. In addition to the mandatory training, further training modules had been identified as necessary for staff working in this centre. Residents' individual risk assessments listed a number of training modules that were required to support certain residents. The person in charge maintained a log in relation to additional training undertaken by staff. A review of these records indicated that staff were also up to date in the additional training modules required to support residents.

The governance and management systems in the centre were robust. There was a defined management structure and clear lines of accountability in the centre. A review of the incident log found that incidents that occurred were escalated appropriately to senior management. Incidents were also referred to outside agencies as appropriate.

The inspector reviewed the centre's most recent annual review of the quality and safety of care and support in the centre. This was completed on 12/01/2021. Six-monthly unannounced audits were also completed in line with the regulations. The most recent unannounced audit had occurred on 31/01/2022 and was conducted by the provider's quality assurance officer. This audit thoroughly evaluated the service delivered in the centre. Both the annual review and unannounced audit identified areas for service improvement in the centre. Recommendations with specific timeframes for completion were devised based on the findings. It was noted that the recommendations were implemented in line with these timeframes. For

example, the annual review identified that trends regarding incidents that occurred in the centre should be communicated to all staff. It was noted that incidents and incident trends were included as agenda items in staff meetings and in the staff daily handover notes.

There was clear communication between management and staff. A handover meeting and document was completed at the beginning of each day. This provided staff with information on any recent issues regarding the residents' health or social needs, a general outline of events happening that day, and any learning from incidents that had occurred in the previous week. Specific tasks and duties were allocated to named staff at this meeting. The person in charge gave an outline of the daily record keeping and audits completed in the centre. This fed into a weekly report that the person in charge submitted to senior management. This report included audit findings and any progress in relation to the completion of identified service improvement objectives.

Overall, it was noted that there was good oversight and management of the service. Staffing arrangements were adequate to meet the residents' assessed needs. There was a consistent team of staff in the centre. Staff training was up to date in mandatory and additional training modules specific to the residents' needs.

Regulation 15: Staffing

The number and skill-mix of staff in the centre was adequate to met the assessed needs of residents. There was access to on-call nursing support if required. The team of staff were familiar to the residents. There were planned and actual rosters in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were up to date in areas that the provider had identified as mandatory. Where additional training had been identified to support the residents with their health and personal needs, this had been completed by staff. Detailed records in relation to staff training were maintained in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were robust governance and oversight systems in the centre. There were clear lines of management and accountability in the service. Frequent audits were completed in the centre and findings from these audits were recorded and addressed. The provider had completed an annual review of the quality and safety of care and support in the centre. Six-monthly unannounced audits were completed in line with the regulations.

Judgment: Compliant

Quality and safety

Residents in this centre were in receipt of a good quality and safe service in relation to safeguarding residents from negative interactions and behavioural support.

The issues of compatibility and negative interactions between residents had resulted in a number of safeguarding incidents. In response to this, the service had a centre-specific safeguarding plan. This plan provided an overview and analysis of the safeguarding risks in the centre and the vulnerabilities of residents. The safeguarding plan identified trends in times and situations where negative interactions and safeguarding risks increased. Preventative measures to reduce the risks were identified. The plan was reviewed and updated monthly. Staff signed the plan to show that they had read it and were familiar with its content. In addition to this, there was a number of open safeguarding plans in place for some residents. A review of incidents found that safeguarding incidents were reported to the national safeguarding team as appropriate and this informed the safeguarding plans in the centre. There was comprehensive documentation in relation to adverse incidents. This included a record of the event, immediate actions, planned follow-up actions and an analysis of trends.

Residents were supported to manage their behaviour. Where required, written guidance was provided to staff to outline how to support residents maintain calm behaviours and how to respond if residents became anxious or agitated. There was input from relevant professionals in the development of behaviour support plans. This included behavioural specialists and psychiatry. Plans were regularly reviewed and updated. The plans gave a clear description of the behaviours that indicated that the resident was at ease or becoming agitated. Events or activities that might cause distress to certain residents had been identified. In conversation with staff, it was clear that they were knowledgeable on the content of the plans and the specific strategies required to support residents. During the review of incidents, it was noted that staff completed debrief sessions with residents in line with their behaviour support plan recommendations. Where restrictive practices were implemented, these were listed on a restrictive practice register. This register was regularly reviewed. There was documentation that outlined the reason for the practice, the impact on the resident and the review process for the practice. This showed that the least restrictive options possible were being implemented. The most recent review

had occurred on 11/01/2022 and included the involvement of a behavioural specialist. There was evidence from keyworker meetings with residents that restrictive practices were discussed and negotiated with residents. Some behavioural support plans included goals to reduce the use of some restrictive practices in the centre. This was done in conjunction with the resident.

Residents had individual risk assessments that identified and assessed any risks to their safety, welfare and wellbeing. The risk assessments clearly outlined the description of the risk, the control measures implemented to reduce the risk, and any impact this had on residents' rights. The risk assessments were regularly reviewed and updated. In some cases, the risk assessments outlined that a standard operating procedure to support the resident was required. In all cases where this was identified, the standard operating procedure was available and reflective of the content of the risk assessment. In addition to individual risks, a risk register of the risks to the centre and service as a whole was maintained and routinely updated by the person in charge.

Overall, risk in this centre was well managed. Risks were identified, assessed and control measures were implemented. This was reflected in the safeguarding plans in the centre and in the residents' behaviour support plans.

Regulation 26: Risk management procedures

There was a robust system in the centre for the identification, assessment and control of risks. Risk assessments were routinely reviewed and updated. The assessments provided clear guidance to staff on how to support residents and what to do in certain situations.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents had behaviour support plans, if required. There was input from relevant professionals in the development of these plans. The plans gave clear guidance to staff on how to support residents manage their behaviour. Staff were knowledgeable on the content of the plans and the specific strategies recommended for residents. Where restrictive practices were implemented, these were kept under regular review to ensure that they were the least restrictive procedure.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to protect residents from abuse. A centre-specific safeguarding plan was in place that identified when safeguarding risks were elevated and how this could be controlled. Safeguarding incidents were recorded, escalated and follow-up actions were completed to protect residents from a reoccurence. Learning from incidents and safeguarding plans was communicated to staff. Staff had received training in safeguarding.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant