



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

Issued by the Chief Inspector

Name of designated centre:	Rathdearg House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	03 May 2022
Centre ID:	OSV-0005449
Fieldwork ID:	MON-0028191

About the designated centre

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

This is a service that provides full-time residential care and support for up to 4 adults with disabilities. The centre comprises of a large detached house and a stand alone apartment on their own grounds in Co. Louth and is in close proximity to a number of large towns and villages. Transport is provided for residents so that they have ease of access to community-based facilities such as hotels, shops, shopping centres, restaurants, cinema, bingo and health clubs. The house is a two-storey dwelling and each resident has their own private spacious bedroom which is decorated to their individual style and preference. Communal facilities include a large state of the art and well equipped kitchen (with two dining areas), three spacious fully furnished sitting rooms/TV rooms (one upstairs), separate utility facilities, adequate storage space and well maintained gardens to the rear and front of the property. The apartment (which is to the rear of the property) comprises of a living/kitchen area and an ensuite bedroom. There is also adequate private parking available to the front and side of the house. The service is staffed on a 24/7 basis and the staff team includes an experienced, qualified person in charge, a team leader, a deputy team leader and a team of assistant support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 (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 3 May 2022	10:15hrs to 19:20hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This was an announced registration inspection that was completed over one day and took place in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff. This service comprised of a large detached two story house, on its own land in a tranquil rural setting, in County Louth.

The inspector met with two residents so as to get their feedback on the service provided. One family representative was also spoken with over the phone. Written feedback on the quality and safety of care from residents and family representatives was also reviewed as part of this inspection process.

For the most part, residents appeared content in their home and two of them were happy to speak with the inspector. One had recently moved into the house and reported that so far, they were happy there. They said that they were settling in well and, that they could speak with staff at any time about any issues they may have. The resident also said that they choose their own key worker when they first moved into the house and reported that there was always staff available to guide and support them.

The resident liked to go for drives and to go shopping and on the day of this inspection, went out for drive on two occasions. They also liked the beach and spoke about trips they had recently taken to the seafront and various beaches around the area of which they said, they very much enjoyed. They had keen interest in baking and said in their previous placement, they liked to bake cakes. Their hopes for the future was to attend college but first, their main goal was to settle into their new home.

The resident invited the inspector to see their living area which was located on the first floor of the house. They had their own large ensuite bedroom and fully furnished private sitting room. They had started to decorate their bedroom and sitting room to their own personal preferences and taste and told the inspector that they were very happy at this time, with their living arrangements.

Another resident had their own apartment area on the ground floor of the house and invited the inspector to see it. The resident was very proud of the apartment and kept it very clean, neat and tidy. It was also decorated to take into account their individual style and preferences and the resident said that they helped decorate it. At times the resident reported that they could be a little anxious in the apartment but, they always had a staff member they could call on for support, when or if required. Later in the day the inspector observed this resident sitting outside their apartment relaxing and enjoying the sunshine.

A sample of written feedback from residents, on the quality and safety of care, was viewed by the inspector. In general, residents reported that they were satisfied with

the service to include their rooms, menu options available to them, social activities on offer and the level of support provided.

One resident did however, express some level of dissatisfaction with the service. This was because the resident wished to live in a more independent setting and closer to their home. In response to this the service provided the resident with a purpose build standalone apartment on the grounds of the centre. While the resident had expressed some level of dissatisfaction with the apartment, they had requested to live in it and had started to decorate it for themselves. The service had logged this issue as a complaint on behalf of the resident and at the time of this inspection, the complaints officer had acknowledged the issue and had responded to the resident. They had also informed the resident of their right to seek support from an independent advocate and, were provided with information on who to contact in this regard. The resident's social worker was also made aware of this issue and, it remained under review at the time of this inspection.

A family representative spoken with over the phone, informed the inspector that they were absolutely satisfied with the quality and safety of care provided in the centre. They said that the service was providing the right environment for their relative to live in, they were very settled in the house and had a great social life. They also said that the care provided was great and, there was very good communication between family members, their relatives and the service. The family member said that staff were very kind and caring to their relative and, they had no complaints whatsoever about the quality or safety of care.

While some issues were identified with the process of risk management, infection prevention control and the staffing arrangements, residents appeared happy in their home for the most part. They also appeared content in the presence and company of staff and staff were observed to be supportive, kind and caring in their interactions with the residents.

The above is discussed in more detail in the following two sections of this report.

Capacity and capability

For the most part residents appeared content in their home and, the provider ensured that supports and resources were in place to meet their assessed needs. A minor issues was identified with the staffing arrangements which are discussed later in this report.

The centre had a clearly defined management structure in place which consisted of a person in charge who worked on a full-time basis with the service. They had a regular presence in this centre from Monday to Friday and, were supported in their role by a team leader and deputy team leader. The person in charge was a qualified social care professional (with an additional management qualification) and provided

leadership and support to their team.

At the time of this inspection, this service was supporting four residents who presented with significant and complex behavioural issues (to include self injurious behaviour and aggression) and the person in charge and one staff member spoken with, were found to be aware of the assessed needs of the residents in their care. From reviewing a small sample of files the inspector also observed that staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety training, medication management, managing challenging behaviour, manual handling and infection control.

However, the contingency planning for the staffing arrangements required review as on one occasion in April 2022, the service had to operate with two sleepover staff as opposed to the required one waking night and one sleepover staff. This was due to a staff shortage at that time. It was also observed that certified cardiac first responder (CFR) training was required for some staff (or refresher training in same was required some staff) at the time of this inspection.

The person in charge was found to be responsive to the inspection process and aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). For example, they were aware that they had to notify the Chief Inspector of any adverse incidents occurring in the centre, as required by the regulations. They were also aware that the statement of purpose had to be reviewed annually (or sooner), if required.

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It 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.

The person in charge and director of operations also ensured the centre was monitored and audited 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. These audits were ensuring the service remained responsive to the regulations and responsive in meeting the needs of the residents.

For example, the auditing system and six monthly unannounced visit in October 2021 identified that the complaints and appeals process was to be discussed and explained to residents at one of their meetings and, the safeguarding register required an update. These issues had been actioned and addressed by the time of this inspection.

Additionally, the most recent 6 monthly unannounced visit in April 2022 identified that an easy to read house brochure was to be developed for the residents and, some residents outcomes were to be reviewed. The person in charge had devised a timely action plan to address all issues arising from this audit at the time of this inspection.

Regulation 14: Persons in charge

The person in charge was found to be responsive to the inspection process and aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations). They were a qualified, experienced social care professional with an additional qualification in management.

Judgment: Compliant

Regulation 15: Staffing

The contingency planning for the staffing arrangements required review as on one occasion in April 2022 due to a staff shortage, the service had to operate with two sleepover staff as opposed to the required one waking night and one sleepover staff. It was also observed that certified cardiac first responder (CFR) training was required for some staff (or refresher training in same was required some staff) at the time of this inspection.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The person in charge and one staff member spoken with, aware found to be aware of the assessed needs of the residents in their care. From reviewing a small sample of files the inspector also observed that staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, fire safety training, medication management, managing challenging behaviour, manual handling and infection control.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which consisted of a person in charge who worked on a full-time basis with the service. They had a regular presence in this centre from Monday to Friday and, were supported in their

role by a team leader and deputy team leader
Judgment: Compliant
Regulation 3: Statement of purpose
The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It 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.
Judgment: Compliant
Regulation 31: Notification of incidents
The person in charge was aware of their legal remit to notify the Chief Inspector of any adverse incidents occurring in the centre, as required by the regulations
Judgment: Compliant
Quality and safety
<p>Residents were supported to have meaningful and active lives within their home and community (based on their expressed preferences and choices) and systems were in place to meet their assessed health, emotional and social care needs.</p> <p>The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community (based on their interests and individual choices) and maintain links with their families. Residents enjoyed social outings, bus drives, shopping, and meals out. The inspector spoke with one resident over the course of this inspection who reported that they were happy living in the house and, hoped to go to college in the future.</p> <p>Another resident had recently moved into the house and staff reported that at the time of this inspection, the resident was spending a lot of time in their room. The inspector met briefly with this resident however, they did not wish to speak with the inspector on this occasion. Staff spoken with said they continued to offer the resident the opportunity to engage in number of in-house and social activities however, they regularly declined to engage. The person in charge also reported that</p>

the resident was being supported to attend a community based support group but again at times, may decline to go. While acknowledging it was the residents right to decide for themselves how they spend their day, the person in charge said they would continue to support and work with the resident in seeking activities that they may be interested in pursuing.

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. Access to chiropody services, dietitian, optician, and dentist were also provided for. Hospital appointments were facilitated as required and care plans were in place to guide staff and promote continuity of care. Hospital appointments were facilitated as required and care plans were in place to guide staff and promote continuity of care.

Where required, access to mental health services was also provided for. Residents had support from a psychiatrist and psychotherapist and strategies to support and promote positive mental health were incorporated into residents individual personal plans.

Systems were in place to safeguarding the residents and where required, safeguarding plans were in place. It was observed that at times, some residents could make allegations of abuse however, all allegations were recorded, reported and responded to in line with safeguarding policy and procedure. They were also reported to HIQA as required by the Regulations and, from a sample of files viewed, staff had training in safeguarding of vulnerable adults. Information on how to make a complaint about the service and the role of external advocacy was also discussed with residents at a recent residents forum. One resident informed the inspector that they would speak to staff at any time if they had any issues in the centre. Additionally, one family representative spoken with over the phone said they were satisfied with the quality and safety of care provided.

There were systems in place to manage and mitigate risk and support residents safe in their home. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and wellbeing. Due to significant level of risk some residents presented with in this service, some of the control measures in place to manage that risk and to support their safety was highly restrictive in nature. For example, due to the risks related to self injurious behaviour, some residents were subject to environmental searches so as to ensure there were no sharp objects available to them. These controls were kept under review by the person in charge.

However, it was observed that the risks associated with one resident moving from the main house to an apartment on the grounds of the premises had not been adequately documented. This move provided the resident with a more independent living arrangement and, staff were aware of the control measures in place to support the residents safety. However, these control measures were not adequately identified, recorded or documented in the residents individual risk assessments.

Systems remained in place to mitigate against the risk of an outbreak of COVID-19.

For example, from a small sample of files viewed, staff had training in infection prevention control (IPC), donning and doffing of personal protective equipment (PPE) and hand hygiene. Staff were observed wearing appropriate PPE on the day of this inspection and were also observed sanitizing their hands at regular intervals. Cleaning schedules were also in place which were signed off by staff each day or as required. However, some of the IPC related documentation required review so as to ensure it reflected the most up-to-date IPC practices in the centre.

Notwithstanding, the premises were found to be clean, modern, spacious, well maintained and suited for their stated purpose and, each resident had their own separate living area and/or apartment in the centre. Additionally, communal facilities which include a large well equipped kitchen, a sun room and a sitting room were also available to all residents.

Adequate fire fighting systems were in place to include a fire panel, emergency lighting, fire extinguishers and fire doors. All equipment was serviced as required by the regulations and fire drills were being facilitated. A fire drill conducted in February 2022 informed that it took 2 minutes and 27 seconds to evacuate the residents and staff from the house and no issues were reported. All residents had a personal emergency evacuation plan in place and staff carried out regular checks on all fire equipment and escape routes.

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support from staff where required). Residents choose their own daily routines, agreed menu plans between them and organised their own social outings with staff support. Information on independent advocacy was also available to the residents and, the complaints process was discussed with them at a residents forum. One resident who had recently moved into this service informed the inspector that they chose their own key worker and their choice was supported and respected by management and staff working in the centre. They also said they they were also making their own decisions with regard to how they wanted to decorate and design their own bedroom.

Regulation 17: Premises

The premises were found to be clean, modern, spacious, well maintained and suited for their stated purpose.

Judgment: Compliant

Regulation 26: Risk management procedures

The risks associated with one resident moving from the main house to an apartment on the grounds of the premises had not been adequately documented in their

individual risk assessments.
Judgment: Substantially compliant
Regulation 27: Protection against infection
Some of the IPC related documentation required review so as to ensure it reflected the most up-to-date IPC practices in the centre.
Judgment: Substantially compliant
Regulation 28: Fire precautions
Adequate fire fighting systems were in place to include a fire panel, emergency lighting, fire extinguishers and fire doors. All equipment was serviced as required by the regulations and fire drills were being facilitated.
Judgment: Compliant
Regulation 5: Individual assessment and personal plan
The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community (based on their interests and individual choices) and maintain links with their families
Judgment: Compliant
Regulation 6: Health care
Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. Access to chiropody services, dietitian, optician, and dentist were also provided for. Hospital appointments were facilitated as required and care plans were in place to guide staff and promote continuity of care.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where required, access to mental health services was also provided for. Residents had support from a psychiatrist and psychotherapist and strategies to support and promote positive mental health were incorporated into residents individual personal plans.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguarding the residents and where required, safeguarding plans were in place. It was observed that at times, some residents could make allegations of abuse however, all allegations were recorded, reported and responded to in line with safeguarding policy and procedure. From a sample of files viewed, staff had training in safeguarding of vulnerable adults and information on how to make a complaint about the service and the role of external advocacy was discussed with residents at a recent residents forum.

Judgment: Compliant

Regulation 9: Residents' rights

Systems were in place to support the rights of the residents and their individual choices were promoted and respected (with support from staff where required). Residents choose their own daily routines, agreed menu plans between them and organised their own social outings with staff support. Information on independent advocacy was also available to the residents and, the complaints process was discussed with them at a residents forum.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rathdearg House OSV-0005449

Inspection ID: MON-0028191

Date of inspection: 03/05/2022

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>1) PIC has reviewed the roster and two waking night staff have been implemented. [01/06/2022]</p> <p>2) Contingency plan in place has been reviewed to identify what staff should do in the event of short notice absences, this is also reflective in the Centre specific risk register. [02/06/2022]</p> <p>3) Staff have completed the CFR training to ensure that adequate amount of trained staff are on duty daily. [30/05/2022]</p>	
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>1) The individual risk management plan has undergone a full review to ensure all risks and controls are adequately identified. [02/06/2022]</p>	
Regulation 27: Protection against infection	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

1) PIC reviewed and updated IPC related documentation to reflect the most-up-to-date practices in the Centre. [03/05/2022]

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	02/06/2022
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	02/06/2022
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the	Substantially Compliant	Yellow	02/06/2022

	assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	30/05/2022