



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

Issued by the Chief Inspector

Name of designated centre:	Nacora
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	24 August 2021
Centre ID:	OSV-0007730
Fieldwork ID:	MON-0033183

About the designated centre

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
--	---

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
Tuesday 24 August 2021	10:45hrs to 17:05hrs	Jackie Warren	Lead
Tuesday 24 August 2021	10:45hrs to 17:05hrs	Alanna Ní Mhíocháin	Support

What residents told us and what inspectors observed

Residents in this centre had a good quality of life, were supported with their health and personal needs, their choices were respected, and they were supported to take part in activities that they enjoyed. The residents of this centre had recently moved from a congregated setting. This was the first inspection of this centre since the residents had moved in.

The centre was welcoming and comfortable. A COVID-19 sanitisation station was set up at the front door and inspectors adhered to public health guidance on the prevention of infection of COVID-19 throughout the inspection. Each resident had their own room which was personalised with photographs and artwork. The house was newly refurbished, was tastefully decorated and had a homely feel. The bedrooms and living areas were spacious and fully accessible. There was level access into the house at the front and back door. Outside, the grounds were well maintained and the flower pots and window-boxes created a very pleasant space. There was a large back garden that was fully accessible and had a patio area.

Inspectors met with four residents at different points throughout the day. Residents were not able to verbally express their views on the quality and safety of the service, but they appeared comfortable and at ease in their home. Inspectors noted that residents were smiling and appeared relaxed as they went about their daily routines, including lunch time, travelling to and from the centre on the bus and watching television. Staff were observed interacting with residents in a warm, friendly manner. Residents and staff appeared relaxed and comfortable in each others' company. Staff were knowledgeable of the residents' likes, dislikes, interests and needs.

Inspectors observed that the residents' rights were being upheld by offering and respecting their choices. Residents meetings were held every week. Meal planning occurred weekly and residents could choose alternative options if they did not like the food at mealtimes. On the day of inspection, inspectors observed that all residents were eating different meals at lunchtime in accordance with their own choice. Staff were knowledgeable on the residents' preferences in terms of their clothing, food and activities. Staff could describe subtle changes in the residents' behaviours that indicated that they were uncomfortable or unhappy. Residents were offered opportunities to engage in activities in the house, for example gardening, laundry and cooking. Their right to refuse to join in to these activities was also respected. Each resident had their own bedroom.

The activities for residents had changed since they moved to their new home. Staff reported that home cooking and laundry on site was new to the residents. Staff offered residents the opportunity to be involved in these household tasks if they wished. Residents were also offered opportunities to plant flowers and maintain the plants in the garden. There was a bus available at the centre for the residents' use and inspectors observed some residents leaving to engage in activities in the

community. Records showed that residents had been supported to maintain contact with families. Visits were organised in line with COVID-19 guidelines and families were kept updated about residents' progress through phone calls from staff . Residents were also supported to meet friends since moving to their new home.

Overall, the inspectors found that the service provided was person-centred and of a good standard. The centre itself is a very pleasant home. Inspectors observed that the staff showed empathy and respect in all dealings with the residents and when they spoke about the residents. The residents were supported in their communication and daily activities. The residents' rights were respected.

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

Capacity and capability

There were management systems in place to ensure that the service delivered in this centre was safe, consistent and suited to the residents' needs. However, improvement was required in relation to residents' agreements for the provision of services.

This was a new centre and residents had only moved there a few months prior to the inspection. Therefore, an annual review and a six-monthly audit had not yet been completed in this centre. The provider was aware that these were required under the regulations and had plans to carry them out at the appropriate times. In addition, the provider had a suite of audits that were carried out routinely in relation to specific areas, for example medication management, infection control, mealtime audit. Some of these audits had been completed and there was a schedule of planned audits for the remainder of the year. There was evidence that issues identified on these audits had been addressed. The provider had devised a quality improvement plan that was based on audit findings and reported incidents. There were specific actions and time lines in place to address the issues that were identified.

The required policies and procedures as outlined in the regulations was available on the day of inspection. All policies had been reviewed within the required time frame of three years and had been signed off by staff. In addition, the provider had a number of other policies in place that were pertinent to the service.

There were clear lines of reporting relationships and staff knew who to contact if there were issues to be escalated. Support was available from management as required. The person in charge of the centre was not available on the day of inspection but inspectors were facilitated by the person in charge of another centre who was familiar with the service and by the staff on duty. Staff demonstrated good

knowledge of the service, the needs of the residents and the staffing requirements to meet those needs.

The staffing arrangements were suitable to meet the assessed health and social needs of the residents. There was access to nursing support as required. The number of staff in the centre was adequate to support the residents to engage in activities in the centre and in the community. Additional staff from within the service were available to support residents should the need arise, for example, to facilitate longer outings or hospital appointments. Plans were built into the roster to account for staff on leave and this ensured that the team working with residents was consistent.

Staff were up to date on their mandatory training. This included training in eight key areas and all staff had received training within the required time period specified by the provider.

Improvement was required on the agreement for provision of services to the residents. Written agreements available to residents and their representatives related to their previous centre, and a new agreement had not been drawn up informing residents of the services they would receive and any associated charges at Nacora.

Overall, this was a well-governed service and the provider had taken steps to ensure the quality of the service delivered. Staffing arrangements were appropriate for the residents' needs and staff had received the required training to deliver good care. However, the service agreement between the provider and resident had not been reviewed to address the new service in the new centre.

Regulation 15: Staffing

The number of staff and skill mix was sufficient to meet the assessed needs of the residents. Staff were available to support residents as they engaged in activities in the house and in the community. Continuity of staff was ensured by rostering arrangements that facilitated staff leave from within the team. Additional staff were available to support residents as required.

Judgment: Compliant

Regulation 16: Training and staff development

All staff were up to date on mandatory training as specified by the provider. The areas of training were in line with needs of the residents and the service requirements.

Judgment: Compliant

Regulation 23: Governance and management

There were arrangements in place to ensure that the service provided was safe, appropriate to the residents' needs and consistent. Effective monitoring was ensured through routine audits and a quality improvement plan.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents or their representatives did not have access to a written agreement describing the services they would receive at the centre, and any associated charges.

Judgment: Not compliant

Regulation 4: Written policies and procedures

The provider had all of the policies and procedures as outlined under the regulations. The policies were up to date and had been reviewed within the previous three years.

Judgment: Compliant

Quality and safety

Residents' wellbeing and welfare was maintained in this centre through a good standard of care and support. There was evidence of good practice in a number of areas. However, improvements are required in order to ensure the safety of residents in relation to emergency evacuations in the case of fire and the handover of information when residents are admitted to hospital.

The centre consisted of a bungalow with four bedrooms, one of which was en-suite. The bedrooms were tastefully decorated and had assistive equipment such as hoists and specialised beds as required. The bedrooms were personalised with

photographs of the residents, their families and friends. The main living area of the house consisted of a large, open-plan room with a bright, airy kitchen, a dining area and a sitting area with a television. The nurses' office was also part of this large living space. There was a separate sitting room with a television and new comfortable furniture. There was a utility room with washer and dryer available for the residents' use. The main bathroom was fully accessible with a wetroom-style shower. There were some minor repairs required in the house but these had been identified by the person in charge and a request had been made to the maintenance department to address them. Staff reported that there were plans to develop the garden. An order had been placed for an outdoor table that could accommodate the residents' chairs and was due for delivery in the near future. There were also plans to support the residents to grow herbs and vegetables in the garden.

Each resident had an individualised personal plan that assessed their health, social and personal needs. Specific goals were identified for residents and there were steps outlined that defined how these goals would be met. The healthcare of the residents was addressed through comprehensive care plans that covered a wide range of health needs. These plans were regularly reviewed and updated to reflect any changes in the residents' health. All plans examined by inspectors had been updated since the residents had moved to their new home. There was evidence of input from a variety of health professionals depending on the needs of the resident. There was an overall review that had been completed within the last 12 months and guided the goals for the year ahead. Staff were knowledgeable on the health needs of the residents and protocols were in place to manage specific areas, for example, seizure management plan. Residents had a named general practitioner in the locality.

All residents had hospital passports. They were intended to provide hospital staff with relevant information regarding the residents' care and support needs when admitted to hospital. A sample of hospital passports viewed by inspectors had a standard layout that included pictures. The pictures were not relevant or personalised to the resident. The information was not presented in a way that highlighted the most important information about the resident and were not dated. This presented a risk as hospital staff may not be able to find relevant information regarding a resident in a timely manner.

Residents had communication profiles developed by a speech and language therapist that outlined their communication style. The profiles were reviewed as required and had been updated recently. Staff were very familiar with the residents' behaviours and communication style. Staff were observed interacting with residents in a respectful manner and interpreting their responses to questions and choices. Residents had access to television and radio.

Staff were knowledgeable on residents' food preferences and prepared food that was in line with the recommendations of speech and language therapy. There were supports available to residents at mealtime with staff assistance and specialised utensils that promoted independence. The provider had carried out audits of the residents' mealtimes and their dining experience to inform practice. Residents were offered choices at mealtime and alternatives were available if the food was not to

the residents' taste.

Staff were up to date on their training in relation to the care of residents who can present with behaviours that challenge. There was a policy to guide staff in assisting residents to manage any behaviours that is challenging. On review of a behaviour support plan, inspectors found that the plan was developed by a behaviour support therapist and staff who were familiar with the resident. The plan was recently reviewed and staff reported that the behaviours mentioned had decreased since residents moved to their new home.

There were adequate safeguarding measures in this centre to protect residents from abuse. Staff training in this area was in date and staff were knowledgeable of the steps that should be taken should there be any concern in relation to abuse. There were intimate care plans in each residents' personal plan.

The provider had a comprehensive risk register that identified risks in the designated centre. Each resident had individualised risk assessments that informed their care plans. The risks were reviewed and measures were taken to reduce the risks to residents and staff. These included measures to reduce the risk of infection in cases of suspected or confirmed COVID-19. The provider had a plan in place for residents to isolate and reduce the risk to other residents and staff. The risk of infection was also reduced through regular cleaning in the centre three times daily and a housekeeper who attended the centre twice weekly.

There were some good practices in relation to fire management. Staff conducted weekly fire safety checks throughout the centre. Equipment used for the detection, containment and fighting of fire was regularly checked and serviced by an external fire company. Emergency lighting was also routinely checked. There were fire doors on all bedrooms and into communal rooms. These were fitted with self-closing devices. These were examined on a six-monthly basis by an external company. However, inspectors observed that the door into the utility room was propped open creating a risk to residents in the case of a fire. This was addressed by staff before the end of the inspection. Also, the records of the fire drills conducted in the centre did not record the time taken to complete the evacuation. There was not adequate detail on the procedures followed during the drill. Therefore, it was not possible to establish that residents could be evacuated in a timely manner. In addition, the personal emergency evacuation plans for residents did not contain sufficient detail in relation to daytime versus night time evacuation.

Overall, residents in this centre received a good quality service that addressed their individual needs and supported them to reach their goals. The provider had good measures in place to ensure the safety of residents but further improvement is required on fire safety and the handover of information when residents are temporarily in the care of another service.

Regulation 10: Communication

Residents' communication needs were assessed in their communication profiles. Staff were knowledgeable on ways to support residents with their interactions. Residents had access to television and radio.

Judgment: Compliant

Regulation 17: Premises

The house was suitable to meet the needs of the residents. The layout and space was adequate to allow residents spend time together or alone. The house was fully accessible. The centre was in very good decorative and structural repair. Specialised equipment was available for residents as required.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were provided with food that was wholesome, nutritious and in line with their assessed needs. Residents were offered choice at mealtimes. Support from staff was available as required by residents during their meals.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

During temporary absences from the centre due to hospital admissions, residents' hospital passports did not highlight relevant information about the resident.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had a comprehensive risk register for the centre. Individuals had risk assessments that informed their care plans. The register and assessments were regularly reviewed and the provider had measures in place to reduce risks.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had adopted procedures to protect residents from the risk of infection, including steps to reduce the risk of COVID-19 in suspected or confirmed cases.

Judgment: Compliant

Regulation 28: Fire precautions

There were good practices relating to the detection, containment and fighting of fire and equipment was regularly checked. However, a fire door was propped open during inspection and the fire drills and personal emergency evacuation plans did not contain sufficient detail to ensure the safe evacuation of residents.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Residents' health, social and personal needs were assessed. Goals and plans were devised to meet these needs. The plans were routinely reviewed and updated.

Judgment: Compliant

Regulation 6: Health care

The health needs of the residents were well managed in this centre. Nursing care and input from a variety of health professionals was available as required. Residents had comprehensive care plans that covered a broad range of health care needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff training was up to date and support was available from behaviour support professionals as required. Staff were knowledgeable on the strategies outlined in these plans.

Judgment: Compliant

Regulation 8: Protection

There were suitable safeguarding measures in place in this centre. Staff training in this area was up to date and staff were knowledgeable of steps to be taken in cases of concern. There were no active safeguarding concerns in the centre.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were upheld in the centre. Residents choices were supported and respected. The dignity and privacy of residents was 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	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not 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 Nacora OSV-0007730

Inspection ID: MON-0033183

Date of inspection: 24/08/2021

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 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <ul style="list-style-type: none"> • A written agreement has been prepared and provided for each resident and their representative. • This agreement will outline all the services that the resident receives in the designated centre and any associated costs is outlined in the agreement. 	
Regulation 25: Temporary absence, transition and discharge of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents:</p> <ul style="list-style-type: none"> • Each hospital passport has been reviewed and updated to reflect the current needs of the resident, these have also been dated. • A supporting 1 page 'about me' document has been created highlighting the most relevant information about each resident in the event of an emergency admission to the acute services. 	
Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
To ensure compliance with regulation 28 the following actions have been undertaken;

- All Personal Emergency Evacuation Plans have been reviewed and updated to reflect the support each individual will require day and night in the event of evacuation.
- A schedule of practice fire drills is in place
- Fire drills have been undertaken both day and night time reflecting the staffing levels for each time. The time taken to evacuate has been recorded and any actions arising has been reflected in the relevant resident's personal emergency evacuation plan.
- The person in charge has ensured that all fire doors remain clear and free from obstruction. This will be monitored closely on a regular basis.
- The person in charge will conduct a monthly audit on the above actions to further ensure compliance.

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 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Not Compliant	Orange	13/09/2021
Regulation 25(1)	The person in charge shall ensure that, where a resident is temporarily absent from the designated centre, relevant information about the resident is provided to the person taking responsibility for the care, support and wellbeing of the resident at the receiving designated centre, hospital or other	Substantially Compliant	Yellow	13/09/2021

	place.			
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Not Compliant	Orange	01/09/2021