Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of designated centre:	Chapel View
Name of provider:	Nua Healthcare Services Unlimited Company
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	07 February 2018
Centre ID:	OSV-0001931
Fieldwork ID:	MON-0020789

About the designated centre

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

It is the purpose and function of Chapel View to deliver services to individuals who have an intellectual disability and require support. The service is provided to adult males. The service can accommodate 10 residents. Nine of the residents reside together in the main house and one resident is supported in an apartment which is attached to the main house. Each of the residents have their own bedroom and the main house also has two sitting rooms, a kitchen and dining room. There is also secure external grounds for use by residents. Chapel View is a secure house with all exits being accessed by a key pad. The service provides high support with 12 staff available for the majority of the day to meet their needs. The centre is located in Co. Kildare in a rural setting with day services also available in the grounds. The day services operate separately to the designated centre.

The following information outlines some additional data on this centre.

Current registration end date:	02/07/2021
Number of residents on the date of inspection:	10

How we inspect

To prepare for this inspection the inspector or 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
07 February 2018	09:00hrs to 17:00hrs	Jillian Connolly	Lead
07 February 2018	09:00hrs to 17:00hrs	Conan O'Hara	Support

Views of people who use the service

Inspectors met with nine of the residents. Two of the residents chose to speak to inspectors and stated that they are happy with the service that they receive. They also said that staff were good and the food provided was in line with their wishes. They informed the inspectors of the supports that they received to meet with their family and to go out into the wider community for coffee and shopping. Residents had been supported to go on holiday by the centre and were very happy with this. They also told inspectors of the friendships that they had in the centre. Overall, inspectors observed that residents were comfortable in the centre and in the presence of staff.

Capacity and capability

The provider had established governance and management systems for the oversight of the safety of residents in the centre. This included a clear governance structure in which the person in charge was the frontline manager of the centre and held the responsibilities for the day to day operation of the centre. They reported to the regional manager who held the responsibility for four designated centres. The regional manager reported to the Director of Operations who reported to the Chief Operating Officer. The Chief Operating Officer reported to the Board of Directors.

The practices of the centre were governed by policies and procedures which outlined the roles and responsibilities of each of the fore mentioned in areas such as risk management and safeguarding. Audits also occurred on a regular basis as an assurance mechanism. The provider had conducted unannounced visits and an annual review for the quality and safety of care provided to residents.

Inspectors found that there had been an improvement in management of risk and safeguarding concerns in the centre in recent months and this was due to the improvements in the governance structures in the centre. However, inspectors found that additional work was required to ensure that the mechanisms identified in the service provided not only ensured the safety of residents, but also ensured that the service provided was effective in meeting the needs of residents.

The provider had been subject to a regulatory assurance programme following significant engagement with HIQA. One aspect of this plan was that the provider intended to review the compatibility of residents and to reconfigure the layout of the

centre.

The centre provided support to 10 residents whose assessed needs determined that 12 staff were required during the day. While inspectors determined that this was adequate to ensure interim safeguarding measures were effective and met the needs of the current residents, the presence of 22 individuals took from the homeliness of the environment.

Overall, inspectors found that there had been an improvement in the support provided to staff, both through formal training and supervision. Staff confirmed that this assisted them in delivering a higher quality of service to residents and that management were a presence in the centre and available to guide practice on a daily presence.

Regulation 14: Persons in charge

The person in charge commenced their post in September 2017. They had the responsibility for one designated centre and met the requirements of the regulations. They had adequate knowledge of their statutory responsibility and were actively involved in the management of the centre.

Judgment: Compliant

Regulation 15: Staffing

The inspectors observed there to be sufficient staff on the day of inspection to meet the needs of the current residents. Rosters demonstrated that this was the standard staffing levels. Residents stated that they were happy with the staff. The skill mix of staff was appropriate to meet the needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff received formal and informal supervision by the management team. The improvement in service delivery demonstrated that the supervision was effective in providing a safe service to residents. Staff had received the necessary mandatory

training.

Judgment: Compliant

Regulation 23: Governance and management

The provider had implemented a clear governance and management structure which outlined the roles and responsibilities of each individual. There were systems in place to ensure that the service provided was safe. However, additional work was required to ensure that the provider had oversight of the effectiveness of the service. For example, inspectors found that the audits in place did not adequately identify if the social care needs of residents were adequately assessed and met.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the requirements of Schedule 1. However, inspectors found that the service provided was not in line with the aims and ethos of the provider. For example, it stated that Chapel View provides services in a homely environment. However, inspectors observed due to the individual needs of residents there could be 22 people in the centre at one time, which is not reflective of a homely environment. There was also reference to another designated centre in the statement which had no bearing on the function of this centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Inspectors reviewed a sample of accident and incident forms and found that the person in charge had notified HIQA of all adverse events which had occurred in the centre as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, there had been a significant improvement in the safety of residents in the centre since the last inspection. However, inspectors found that improvement was still required in ensuring that the service provided residents with the opportunities to maximise their personal development.

Due to the frequency and severity of safeguarding concerns in the centre, the provider had completed a review of the needs of residents and identified residents for discharge from the centre. This was in the process of occurring and was due to be completed within two months of the inspection. Inspectors determined that the while the interim arrangements in place protected residents, the control measures required were restrictive and limited the freedom of movement for residents within their home. For example, inspectors were informed that staff members needed to be aware of the location of individual residents at all times and remain a supervisory presence in communal areas to prevent safeguarding concerns from arising.

There had been an improvement in the supports provided to residents which also reduced the frequency of incidents. This included an increase in the support provided by the positive behaviour support team and an emphasis of preventing residents from engaging in behaviours which placed themselves and others at risk. As a result, the use of physical and chemical restraint had reduced significantly in the centre. Staff informed inspectors that this had resulted in a calmer environment for residents to live in.

Restrictive practices remained in the centre, primarily through securing the environment and included key pads on exit doors and the locking of chemicals and sharps. It had been recognised that these practices limited the lives of all residents regardless of their need. However, work had commenced on educating some residents on the having free access by teaching them the code to the door.

Inspectors also found that the physical environment in the centre was not conducive to meeting the number and needs of residents currently residing in the centre. The centre was home to nine men in the main house and one resident in a separate apartment. The centre was clean and suitably decorated with adequate heat and light in areas which were in use by residents. However, the inspectors found that two of the bedrooms did not promote good accessibility for residents who required support with their mobility. The apartment also did not provide adequate space considering the supports that were required.

While the inspector recognised that the day to day risks in the centre were being managed more appropriately, additional work was required to ensure that all risks in the centre had clear controls in place. For example, there were risks to visitors and members of the public associated with the behaviours of individual residents. The

control measures in place were not clear and staff were not clear on the procedures to be followed.

Fire was also an identified risk in the centre. Control measures in place included the provision of a fire alarm, emergency lighting and fire extinguishers which were serviced at regular intervals. Each resident also had individual evacuation plans in place which identified the supports that residents required. However, inspectors found that records of fire drills did not provide sufficient detail to demonstrate that all residents could be evacuated to a place of safety in an appropriate time frame. This was highlighted to the provider at the close of the inspection.

There had been an improvement to the supports in place to meet residents' healthcare needs. This included the recruitment of two registered nurses who had the responsibility for the oversight of residents' needs. There were plans in place to guide staff practice and identified the interventions required. However, the inspectors found that the plans in place contained generic information and did not specifically identify the individual needs of residents. For example, a healthcare plan for dementia identified a wide range of needs associated with the condition but did not adequately identify if the resident concerned presented with all of these needs.

There had also been an improvement in the recording of the healthcare interventions provided to residents in the centre. Support was also provided to residents who were in receipt of services in an acute setting.

The personal plans of residents had been reviewed and identified goals for residents to achieve to meet their social care needs. All of residents' needs were met by the staff in the centre. Therefore access to education, training and employment was supported from the centre. Residents had the opportunity to leave the centre daily and some residents accessed formal day services operated by the provider on a part-time basis. The purpose of these outings was to meet the social care needs of residents. Needs identified included support to successfully integrate in the community, develop financial management skills and developing independent skills. However, inspectors found that some of the actions required to achieve the goals were not supported by a clear plan. For example, if a resident was being supported to develop house skills, there was no assessment in place to identify their current ability and the specific supports need to enhance their ability.

The provider had a team of allied health professionals who were involved in the support provided to residents. This included physiotherapy, occupational therapy, psychiatry and psychology. Recommendations arising from these reviews were identified in residents' plans and implemented in practice.

Regulation 13: General welfare and development

Residents stated that they were supported to take part in a wide range of activities. The inspectors recognised that significant improvement had occurred in the opportunities residents had to engage in recreational activities. However, improvements were required to ensure that there was a coordinated approach, which was based on a comprehensive assessment and plan, to supporting residents to have opportunities for education and training, in line with the Statement of Purpose.

Judgment: Substantially compliant

Regulation 17: Premises

Inspectors observed the centre to be clean and suitably decorated with adequate heat and light in areas used by residents. Each of the residents had their own rooms. However, due to the number of residents being accommodated and the supports they required, inspectors found that the designated centre was not suitable to support 10 residents, as proposed in the application to register the centre.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents reported that they were happy with the food provided in the centre. Inspectors observed that residents were also supported to purchase food of their choice in local shops. The dietary requirements of individual residents was identified in their personal plans. Staff were aware of the supports residents required.

Judgment: Compliant

Regulation 26: Risk management procedures

The arrangements in place for the management of risk in the designated centre had improved. This resulted in a reduction in the frequency and severity of adverse events in the centre. However, inspectors found that there did remain significant

risks which had not been adequately assessed. Therefore the required control measures had not been identified and staff were not clear of them.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had systems in place for the prevention and management of fire. However, inspectors found that drills did not demonstrate that the highest number of residents could be evacuated with the lowest number of staff in an appropriate time frame.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

The inspectors reviewed a sample of personal plans and found that each resident had an assessment of their health and social care needs. Following that there was a plan of care/outcome in place which aimed to meet that need. However, inspectors found that reviews of personal plans did not take into account the effectiveness of the plan.

Judgment: Substantially compliant

Regulation 6: Health care

The health and well being of residents was promoted in the centre. Residents were supported to attend their GP or other health care professionals, if required. The supports they required were identified in personal plans. However, inspectors found that information contained in the personal plan did not always relate to the presentation of individual residents.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

There was significant reduction in adverse events in the centre. The provider had allocated additional resources to support staff in providing positive behaviour support. Personal plans focused on proactive strategies. Staff stated that there was a greater emphasis on preventing adverse events. As a result, there was a significant reduction in the use of restrictive practice in the centre. However, the inspectors observed that access to a secure external space was by a key pad. It was not identified, if this was the least restrictive option for all residents in the centre.

Judgment: Substantially compliant

Regulation 8: Protection

Inspectors identified that the provider had made incremental improvements in the safeguarding of vulnerable adults . This included a comprehensive review of the safeguarding arrangements in the centre and training of staff in the safeguarding of vulnerable adults. As a result, it was identified that some residents were not compatible living together. Arrangements had been put in place to discharge residents from the centre. However, this had not occurred as of the day of inspection. The interim arrangements in place, resulted in a significant reductions in the severity of allegations or suspicions of abuse. However, they still occurred and as a result safeguarding concerns remained in the centre. Staff were aware of the actions required to keep residents as safe as possible and this included ensuring that some residents were supervised when in the company of other residents at all times.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Chapel View OSV-0001931

Inspection ID: MON-0020789

Date of inspection: 07/02/2018

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:

<table>
<tr><th>Regulation Heading</th><th>Judgment</th></tr>
<tr><td>Regulation 23: Governance and management</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">Outline how you are going to come into compliance with Regulation 23: Governance and management:
1. The QA Department will conduct a review to assess the adequacy of the audit tool for Regulation 5 and in doing so ensure that it:
➢ identifies if the social care needs of Residents are adequately assessed and met;
➢ enables the provider to gain adequate oversight of the effectiveness of the service.</td></tr>
<tr><td>Regulation 3: Statement of purpose</td><td>Substantially Compliant</td></tr>
<tr><td colspan="2">1. The reference to another Designated Centre has been removed from the Statement of Purpose as this was an error. The new Statement of Purpose will be sent to the Authority.
2. The assessed needs of the residents have been reviewed in full and 4 residents have discharged from the Centre which in turn will reduce the numbers in the Centre during the day.
3. The Statement of Purpose aims and ethos will be considered when taking new admissions to the Centre.
4. Plans are currently in place to change the layout of the Centre to include a second standalone apartment. There will then be 2 standalone apartments and 8 bedrooms to accommodate 10 residents which in turn will reduce the number of staff in the main Centre and Standalone apartments.
5. New floor plans along with update Statement of Purpose will be submitted to reflect the new standalone apartment when complete.</td></tr>
</table>

Regulation 13: General welfare and development	Substantially Compliant

Outline how you are going to come into compliance with Regulation 13: General welfare and development:

1. Personal Plans will be reviewed by the Person in Charge and Director of Services to ensure that they support residents to have opportunities for education and training relevant to their assessed needs.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

1. Plans are currently in place to change the layout of the Centre to include a second standalone apartment. There will then be 2 standalone apartments and 8 bedrooms to accommodate 10 residents which in turn will reduce the number of staff in the main Centre and Standalone apartments.

2. New floor plans along with update Statement of Purpose will be submitted to reflect the new standalone apartment when complete.

Regulation 26: Risk management procedures	Not Compliant

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

1. Risk registers to be reviewed by PIC to ensure that significant risks identified by the inspector are adequately assessed.

2. The new standalone apartment been developed will address the risks identified by the inspector.

3. PIC to ensure that any additional control measures required are implemented.

4. Significant risks will be discussed on a daily basis at handovers and risk registers will be discussed at team meetings to ensure that staff are fully aware of all significant risks.

Regulation 28: Fire precautions	Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

1. A fire drill involving minimum staff to maximum residents was complete.

2. Additional control measures were identified to safely evacuate one resident from the Centre in an acceptable timeframe due to one resident's mobility issues. This resident's door frame will be widened to allow for safe evacuation of the resident.

Regulation 5: Individual assessment and personal plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:

1. Personal Plans will be reviewed by the Person in Charge and Director of Services to ensure that they are evaluated and effective for the resident achieving their plan in line with their assessed needs.
2. Following review of the Personal Plans the PIC will bring all changes identified to the staff team meetings to ensure all staff in the Centre have the knowledge and skills to assist residents to pursue and achieve meaningful goals and plans.

Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:

1. All specific Health Management Plans in the Personal Plan will be reviewed by PIC and staff nurse to make sure that all information contained within it is individualised and related to the presentation of individual resident's needs.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

1. The key pads on external doors leading to the enclosed back garden have been deactivated.

Regulation 8: Protection	Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

1. Four residents have been identified to transition to a new Designated Centre. Transition plans have been implemented and the four residents have moved from the Centre.

2. Familiar staff were identified to move with the four residents transitioning to the new Designated Centre to ensure continuity of care.

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 13(4)(a)	The person in charge shall ensure that residents are supported to access opportunities for education, training and employment.	Substantially Compliant	Yellow	19.06.18
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	[30.08.18]
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate	Substantially Compliant	Yellow	[31.06.18]

	to residents' needs, consistent and effectively monitored.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Not Compliant	Orange	[30.08.18]
Regulation 28(3)(b)	The registered provider shall make adequate arrangements for giving warning of fires.	Not Compliant	Orange	[30.06.18]
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	[30.08.18]
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	[30.06.18]
Regulation 06(1)	The registered provider shall provide	Substantially Compliant	Yellow	[30.06.18]

	appropriate health care for each resident, having regard to that resident's personal plan.			
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	[14.05.18]
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	[28.05.18