Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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

Name of designated centre:	Clarey Lodge
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Short Notice Announced
Date of inspection:	12 February 2019
Centre ID:	OSV-0003386
Fieldwork ID:	MON-0024624

About the designated centre

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

Clarey Lodge provides 24 hour care and support for up to five adults both male and female. The centre is a detached bungalow which is subdivided into three separate areas, each with their own entrance. One area supports female residents and contains a kitchen dining area, two bedrooms, a bathroom and a sitting room. The second area supports male residents and contains a kitchen dining area, two bedrooms, a bathroom and a sitting room. The third area is an apartment which contains a sitting/dining area, a bedroom and a bathroom. Residents are support 24 hours a day by a staff team consisting of a person in charge, social care workers, health care assistants, a staff nurse and relief staff. There are two vehicles in the centre to assist residents to access community facilities.

The following information outlines some additional data on this centre.

Current registration end date:	29/06/2021
Number of residents on the date of inspection:	4

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
12 February 2019	09:00hrs to 16:35hrs	Marie Byrne	Lead

Views of people who use the service

The inspector had the opportunity to meet the four residents living in the centre on the day of the inspection, and to engage briefly with them all. The inspector had the opportunity to spend some time with one resident who showed the inspector around their home. They discussed things that were important to them including how they like to spend their time, and showed the inspector their favourite areas of their home and their favourite possessions. They appeared comfortable in their home and with the levels of support offered by staff.

Throughout the inspection, the inspector observed residents being supported to engage in activities of their choosing including home and community based activities. Residents actively participate in their local community and had access to two vehicles to support them to do this. Residents were meeting with their keyworkers regularly to discuss their goals and steps required to achieve them. At all times during the inspection residents appeared comfortable with the support offered by staff.

Residents were afforded the opportunity to give feedback on the quality and safety of care in the centre through a satisfaction survey. The inspector reviewed the latest surveys which all four residents were supported to complete. The feedback in these surveys was positive and residents indicated they were satisfied with their home, their involvement in the day-to-day running of the centre and how their choices were facilitated. There were policies and procedures in place for residents to raise their concerns including the complaints procedure. In addition, during keyworker sessions residents had opportunities to discuss all aspects of care and support in the centre. Residents had access to advocacy support if they so wish.

Capacity and capability

Overall, the inspector found that there were appropriate systems in place to monitor the quality of care and support for residents. Governance and management arrangements in the centre had been further strengthened since the last inspection and this was positively impacting the quality of care and support for residents. The provider and person in charge were completing regular audits including the annual review and six monthly visits by the provider. These reviews were identifying areas for improvement in line with the findings of this inspection. These reviews were not made available to the inspector on the day of the inspection but were forwarded by the provider following the inspection.

A new person in charge had recently commenced in the centre and the provider had submitted the relevant information to the Office of the Chief Inspector in line with the requirements of the regulations. The new person in charge had the necessary qualifications and experience to fulfill the role. They were fully engaged in the governance, operational management and administration of the centre and the

inspector viewed systems they had in place. The person in charge was not on duty on the day of the inspection and the deputy team leader and director of operations facilitated the inspection.

Throughout the inspection residents appeared happy, relaxed and to be engaging in activities of their choosing. Staff members who spoke with the inspectors were knowledgeable in relation to residents' care and support needs. They had completed mandatory training and refreshers in line with the organisations' policy and procedures and had also completed additional training in line with residents' needs. The staff team were in receipt of regular formal supervision to support them to carry out their duties to the best of their ability. Staff meetings were held regularly and agenda items were found to be resident focused and identifying areas for improvement which were leading to improvements in the centre.

The centre was well resourced and there were clearly defined management structures that identify lines of authority and accountability. Staff had specific roles and responsibilities for aspects of residents' care and support. The staff team reported to the person in charge who in turn reported to the director of operations. There were also two deputy team leaders who were responsible for the day-to-day running of the centre in the absence of the person in charge.

The person in charge and director of operations were meeting regularly and the person in charge was completing weekly reports which reviewed areas such as incidents, the use of restrictive practices, medication errors, safeguarding and other aspects of care and support in the centre. The director of operations was then completing a report to the board of directors. Feedback from these reports was reviewed and then actions were developed which outlined the person responsible for these actions. The person in charge was also completing a monthly assurance report. It was evident that the actions following these reviews were having a positive impact on residents' care and support, and their home.

Regular audits were being completed including the six monthly unannounced review on behalf of the provider. The inspector reviewed the last two six monthly reviews which were detailed and outlined the required actions to move into compliance with the regulations. However, the findings of these two visits were very similar and although there was evidence of completion of the majority of actions, some had not been fully completed. The annual review of care and support in the centre also had similar findings to those of this inspection in relation to documentation in the centre. The provider had recently reviewed the template for annual review to ensure that consultation with residents and their representatives would be reflected in the document moving forward.

Residents had access to appropriate supports in relation to the complaints procedures in the centre. There was a complaints procedure available and on display. Residents had access to advocacy services if they so wish and complaints were discussed regularly at residents' meetings and at monthly keyworker sessions. All complaints were logged, investigated and followed up on in the centre. The satisfaction level of the complainant were also recorded. The complaint referred to in the last inspection report was now closed to the satisfaction of the complainant.

Regulation 14: Persons in charge

The person in charge had the necessary qualifications and experience to fulfill the role and was working in the centre in a full time capacity.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training and refreshers in line with residents' needs. They had also completed additional training in line with residents' needs. Staff were in receipt of regular formal supervision.

Judgment: Compliant

Regulation 21: Records

The records required under schedule 3 of the regulations were maintained and available in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The centre was well resourced and there were clearly defined management structures in place. Staff had specific roles and responsibilities in relation to residents' care and support. There were systems in place to monitor the quality and safety of care and support for residents such as the annual review and six monthly visits by the provider. However, some actions from these reviews had not been fully completed.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all the information required by the regulations and had been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure which was available in an accessible format and on display in a prominent area. Complaints were logged, investigated and followed up on.

Judgment: Compliant

Quality and safety

The inspector found that the provider and person in charge were monitoring and reviewing the quality of the service provided for residents to ensure it was of a good quality and that people were safe. The governance and management arrangements and systems in the centre had been further strengthened since the last inspection which had led to improvements in relation to care and support for residents. The centre was well managed and residents were being supported to gain independence and make choice in their daily lives. They had opportunities to be involved in the day-to-day running of their home. One resident had transitioned from the centre since the last inspection and the provider did not currently have plans to admit any new residents into the centre.

The premises was warm, comfortable and homely. Improvements had been made in the centre since the last inspection including the installation of soundproofing and maintenance and repairs to a number of areas. The design and layout of the centre was currently meeting residents' needs.

Overall, residents were being supported to retain control of their personal property and were provided with the necessary supports to manage their financial affairs. Since the last inspection each resident had a financial assessment completed which clearly outlined the level of support they required to manage their finances. In addition, they were being supported by their keyworkers as part of their monthly outcomes to increase their independence around money management. The provider showed the inspector detailed records of their attempts to fully support all residents in relation to managing their finances.

There was evidence of improvements since the last inspection in relation to residents' assessment of need and their personal plans. Personal plans were being reviewed six weekly with the behaviour therapist, keyworker and administration staff

and actions were being developed from these reviews. There was evidence that these reviews were bringing about improvements. However, in line with the findings of reviews by the provider, the inspector found some gaps in residents' personal planning documentation. The provider had plans in place to remedy this including keyworkers reviewing the required sections.

Residents' healthcare needs were appropriately assessed and support plans were developed in line with these assessed needs. Each resident had access to appropriate allied health professionals in line with their assessed needs. There was clear evidence that residents healthcare needs were reviewed and updated following appointments with allied health professionals and in line with their changing needs. However, there were documentation gaps in an number of residents' plans reviewed such as evidence of health monitoring in line with healthcare plans. Where residents were eligible for inclusion in the national screening service programmes, there was evidence of consultation with the resident and their medical practitioner in relation to the relevant national screening programme.

Residents were assisted and supported to communicate in line with their needs and wishes. They had access to the necessary supports and aids. Residents' preferred methods of communication were detailed in their personal plan and residents' communication passports were clearly guiding staff to support them.

Restrictive practices were assessed and reviewed regularly to ensure the least restrictive were implemented for the shortest duration. Staff had the up-to-date knowledge and skills to support residents to meet their assessed needs. Residents had access to the support of relevant allied health professionals in line with their needs and their plans were reviewed and updated regularly.

The inspector found that the provider and person in charge were safeguarding residents. They had appropriate policies and procedures in place and staff had access to training to support them to carry out their roles and responsibilities in relation to safeguarding residents.

Residents were protected by appropriate policies and practices in relation to the ordering, receipt, storage and disposal of medicines. Each resident had a medication management plan in place. However, the inspector reviewed protocols in place for the administration of as required medicines and found that there were two in place for a number of residents. This was not ensuring clear guidance was in place for staff. Medication audits were completed regularly and medication incidents were recorded and investigated. Learning following incidents was a standing agenda item for staff meetings.

Regulation 10: Communication

Residents communication needs were appropriately assessed and documented and they were supported to communicate in line with their needs and wishes. Accessible

information was available and on display throughout the centre.

Judgment: Compliant

Regulation 12: Personal possessions

Overall, there was evidence that residents retained control of their personal property and possessions and were provided with the necessary supports to manage their financial affairs. The provider was in the process of putting some necessary support in place for one resident.

Judgment: Compliant

Regulation 17: Premises

The centre was clean and kept in a good state of repair. The design and layout was in line with the centres' statement of purpose and was meeting the number and needs of residents in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents were protected by appropriate policies and procedures in relation to the ordering, receipt, storing and disposal of medicines. However, the inspector reviewed a protocols in place for the administration of as required medicines and found that there were two in place for some medicines.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Overall, residents' personal plans were person-centred and each resident had access to a keyworker to support them to develop their goals. They had an all about me document in place which identified their care and support needs. However, in line with the finding of the providers' audits there were some gaps in documentation in some residents' personal plans.

Judgment: Substantially compliant

Regulation 6: Health care

Overall, residents were being supported to enjoy best possible health. They had the relevant assessments in place and access to allied health professionals in line with their assessed needs. However, some gaps were noted in documentation in relation to healthcare such as health monitoring documentation.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents had access to the support of relevant allied health professionals to support them. There was evidence of regular review of residents' plans to ensure they were effective. Staff had access to relevant training and refreshers to support residents. There was evidence that restrictive measures were reviewed regularly to ensure the least restrictive were used for the shortest duration.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by safeguarding polices, procedures and practices. Safeguarding issue were managed appropriately and when compatibility issues were identified, appropriate measures were taken by the provider to keep residents safe.

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
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Clarey Lodge OSV-0003386

Inspection ID: MON-0024624

Date of inspection: 12/02/2019

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 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: As required medication protocol to be in one format for each Resident, the following actions will be implemented within the Centre; 1. The purpose of guidelines for as required medication for each resident is evident within the residents Personal Plan folder. 2. The scope for which as required medication can be administered is apparent and clear for all staff within the Centre. 3. The background for administration of as required medication is clear and addresses the triggers and pre-cursors. 4. The procedure for administration of as required medication is in place for each resident and clear for all staff within the Centre. 5. Each protocol has been signed for by administering Psychiatrist and PIC. 6. Standard Operations Procedure for as required medication are in line with as required medication protocols presented in each residents multi-element behavioural support plan (where relevant) or the residents Personal Plan. 7. Outcomes of the above reviews to be discussed with all staff within the monthly team meeting.	
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. Actions plans have been created to address all non-compliances identified in the internal auditing system for Personal Plans audits. 2. Internal auditing findings and actions to be followed through internal auditing system which allows tracking, managing, closing off and verification of actions. 3. PIC takes responsibility for ensuring actions are closed out effectively. 4. Behaviour Specialist for the Centre audits the residents' individual Personal Plans and	

sets actions to be complete within the Centre on a regular basis. PIC to ensure identified actions are signed off within the set timeframes.	
Regulation 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: 1. All health monitoring to be reviewed by PIC in consultation with Healthcare Professionals and the residents MDT. Health monitoring to reflect the healthcare needs of each individual and ensure that they are: · Person centered. · There is an established need for monitoring. · Agreed timeframe is in place for review of health monitoring. 2. Outcomes of the above health monitoring reviews to be discussed with all staff within the monthly team meeting.	

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 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant		12/04/2019
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	12/04/2019
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	01/05/2019