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:	Glenview House & Cottage
Name of provider:	Nua Healthcare Services Unlimited Company
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	26 and 27 June 2018
Centre ID:	OSV-0005180
Fieldwork ID:	MON-0021964

About the designated centre

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

Residential services are provided to residents in this centre. The provider has set out that they aim to ensure that residents receive the highest quality of individualised care and support based on their assessed needs. Residents are supported on a 24 hour basis by a team of staff comprised of management, nursing and social care staff. Additional support and input is provided from the wider organisational structure and the multi-disciplinary team (MDT).
The centre is comprised of two premises on the same site, the larger main house and an adjacent cottage. The centre is located in a rural location approximately a ten minute drive from the local busy town; ample provision is made for transport. The centre is registered to accommodate eight residents; no more than six residents have lived in the centre since it commenced operation in 2015. Residents present with a diverse range of complex needs that require a consistent high level of staff support.

The following information outlines some additional data on this centre.

Current registration end date:	19/11/2018
Number of residents on the date of inspection:	5

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
26 June 2018	09:15hrs to 17:30hrs	Mary Moore	Lead
27 June 2018	09:15hrs to 16:30hrs	Mary Moore	Lead

Views of people who use the service

Inspectors engaged with the five residents living in the centre at the time of inspection; one resident was on temporary transfer to another centre. Engagement which was led by residents and their choices and requirements, was both verbal and non-verbal and evolved naturally over the course of the inspection. Staff had also supported residents to complete the pre-inspection questionnaire provided by HIQA (Health Information and Quality Authority). In doing this staff recorded what the resident said or how they had indicated a response through gesture or facial expression; the feedback was positive in relation to staff and the support that they provided.

Residents greeted inspectors and welcomed them to their home. Inspectors noted that residents sought out staff and communicated their comfort with staff through gesture and facial expression. Residents were aware of their plans for the day and confirmed that the plans were of their choosing and of their liking. Meals were a social occasion with both staff and residents dining together and residents reported satisfaction with the quality and variety of their meals. Inspectors heard easy conversation and laughter; though busy there was a relaxed atmosphere in the house over the two days of inspection. Life in the house was described as fine and good by the residents.

Capacity and capability

Inspectors found this centre to be effectively governed and adequately resourced in accordance with residents assessed needs; the provider consistently monitored the quality and safety of the service and took corrective action when needed. This was reflected in the high level of compliance demonstrated on this inspection.

Given residents high support needs this centre required robust and consistent governance; inspectors were satisfied that this was in place. There was a clear local management structure comprised of the team leader, the person in charge and the director of operations for the region. Each person participating in the management of the centre had a clear understanding of their role, responsibilities and their individual accountability for the service.

The person in charge was appointed to this centre in February 2018; staff spoken with described the leadership demonstrated, changes made and the positive impact of these for both residents and staff. These included staff rota changes and the

introduction of a structured formal daily handover for staff coming on duty.

The person in charge had responsibility for two designated centres and told inspectors that he divided his presence between both; staff confirmed the accessibility and availability of the person in charge. A team leader in each centre supported the person in charge in the operation and management of each service. Between the person in charge and the team leader there was a management presence of site for the majority of the week; at all other times there was an identified shift leader.

The provider had systems for consistently monitoring the quality and safety of the support and services provided to residents; these systems included the completion of the annual and the six-monthly unannounced reviews of the service required by the regulations. However in reality there was the internal day to day monitoring of the service by the team leader and the person in charge, regular monitoring by other stakeholders in the organisation of areas such as risk and fire safety and clinical monitoring by the multi-disciplinary team. Inspectors were satisfied that there was coherence between these systems and effective communication and escalation of local issues to the provider. Overall inspectors found that the provider used the information collated effectively. Action plans required for improvement did issue; responsible persons were identified as were completion timeframes; the progress and implementation of actions was monitored.

It was acknowledged that there had been a significant turnover of staff in the centre but this had stabilised in the months prior to this inspection. Inspectors found that adequate staff were employed to meet the individualised needs of residents and that staffing requirements were reviewed and adjusted by the provider in response to changing needs; for example staff confirmed a recent additional allocation of staff in response to specific needs. The provider sought to ensure the consistency of staffing that residents required.

The skill-mix of staff reflected residents assessed needs; the core staff team consisted of social care staff, a staff nurse registered in mental health nursing and a staff nurse registered in intellectual disability nursing. There was evidence of innovative recruitment practice; staff working on a daily basis with residents confirmed that they were to participate in an interview process to represent the residents' choices and preferences in the selection of staff.

Staff were provided with mandatory and required training; staff knowledge and competence to respond to residents needs was further supported by input from the MDT, reviews of practice and, guidance and training provided by the nursing staff on the team.

There was a formal system of regular staff supervision and the daily supervision and support provided by the team leader and the person in charge; the latter included unannounced out-of-hours visits. Inspectors were advised that the findings of these were always positive with staff found to be performing their work to the expected standard.

Given residents complex needs there were unpredictable challenges and risks to

staff; staff told inspectors that they were supported in their work and could raise concerns on a day to day basis, at staff meetings or in supervision.

While there was a low reported incidence of complaints, inspectors found that complaints were listened to and effectively managed.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete and timely application for the renewal of registration of the designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge worked full-time and had the qualifications, skills and experience necessary to manage the designated centre. The person in charge facilitated the inspection with ease and had sound knowledge of the residents and their needs, of the role and associated responsibilities and of the general operation and administration of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels, skill-mix and arrangements were appropriate to and reflected the assessed needs of the residents. Inspectors found that the provider assessed the adequacy of staffing and sought to ensure that residents received continuity of care and supports.

There was a recent central review of staff files by HIQA. Overall, there was a good level of compliance and systems were in place to manage the staff files. The information required by Schedule 1 was in the majority of files; there were some deficits such as out of date photo identification but these were addressed in a timely

manner by the provider.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had completed mandatory training within the specified time frames. Staff knowledge was further informed by input from the multi-disciplinary team; staff had also completed further training that supported them to safely meet resident's needs.

Judgment: Compliant

Regulation 21: Records

Inspectors found that the records listed in part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013 were in place. The required records were retrieved for the inspectors with ease; the required information was retrieved from the records with ease; the records were well maintained.

Judgment: Compliant

Regulation 22: Insurance

There was documentary evidence submitted with the registration application that the provider was insured against injury to residents and against other risks in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The centre required consistent, robust governance. Inspectors found that the centre was effectively and consistently governed and resourced so as to ensure and assure the delivery of safe, quality supports and services to residents. The provider had comprehensive systems of review and utilized the findings of reviews to inform and

improve the safety and quality of the service.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider maintained, kept under review and made available in the centre a current statement of purpose; the record contained all of the required information and was an accurate reflection of the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider and person in charge had sound knowledge of incidents and events that required notification to HIQA, for example management changes, injuries sustained by a resident or the use of restrictive practices. Inspectors were satisfied that this regulatory responsibility was met; the provider was forthcoming in relation to any information requested by HIQA further to notifications submitted.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had policy and procedures on the receipt, recording, investigation, learning from and review of complaints. A complete record of complaints received and their management was maintained.

Judgment: Compliant

Quality and safety

Overall inspectors found that while there was an ongoing level of risk in the centre, the provider had measures to manage this risk so as to ensure in so far as was reasonably possible that residents enjoyed a good quality of life and their safety was promoted. Additional control measures were planned at the time of this inspection to protect residents from harm by their peers and this is discussed in more detail below. While there was evidence of the actions taken by the provider in response to failings in medicines management systems, further action was required.

Inspectors found that the provider itself had effective systems for auditing the standard of the assessment of and plan for supporting residents' needs. The assessments seen were current and comprehensive and the findings were reflected in the support plan than issued. The plans were detailed as residents required a consistent level of high quality support in a number of areas. Inspectors spoke with a number of staff and found that staff had good knowledge of the support that residents required. Based on these discussions and inspectors observations inspectors were satisfied that the plans informed daily practice in the centre.

Resident's required consistent evidence based support to manage behaviours of concern that posed a risk to their own well-being and others. Practice was informed by regular input and review by the clinical team including the behaviour specialist who was on-site on a regular basis, at times weekly. While the objective was to prevent behaviours, records seen indicated that some behaviour was unpredictable.

There was a requirement at times based on risk for staff to implement restrictive measures including physical intervention. All staff had completed the required training; there were procedures for the sanctioning and review of all restrictive practices. The person in charge had requested expert reviews of physical interventions to ensure that these were in line with approved techniques and were always a last resort. Staff spoken with and records seen indicated to inspectors that staff sought to intervene physically only as a last resort. The person in charge confirmed that recommendations that issued from the expert reviews informed practice such as environmental modifications and further action was planned to ensure that staff were supported in their practice.

Inspectors found that there was a good understanding on behalf of management and staff to resident vulnerability to harm and abuse. All staff had completed safeguarding training and staff spoken with advised inspectors that they would have no hesitation in reporting concerns. Failings have occurred in this centre but the provider has responded appropriately to ensure that residents were safeguarded. Inspectors saw explicit plans to safeguard residents and evidence of positive discussion with the local safeguarding office. However, at the time of inspection an additional safeguarding measure was required and pending; this referred to the provider's transition arrangements for a resident to another designated centre for their personal safety and wellbeing.

Notwithstanding the inherent risks in the centre inspectors found that residents enjoyed a good quality of life and a reasonable balance was found between resident independence and autonomy and keeping residents safe. This was facilitated by robust risk management systems and a committed staff team. Inspectors reviewed a

comprehensive range of identified hazards, their assessment and management; at times the level of residual risk was high but inspectors found that this was well managed in the context of residents needs. There was a culture of positive risk enablement; all staff spoken with articulated commitment to each resident, an understanding of disability and associated behaviours, the associated risk and the requirement for consistent management.

The impact of this was the residents enjoyed a good level of independence in their home and community engagement supported by staff on a daily basis. Ample provision was made for transport and the required staffing resources were in place, for example 2:1 support as needed. Residents were supported to successfully enjoy new experiences such as swimming, horse-riding, walks in local amenities, visiting the local town and its facilities or attending the provider's day service. Each daily plan was devised on an individualised basis. Goals and objectives seen sought to continuously build on the development of skills and functioning. There were procedures for demonstrating that residents were consulted with in relation to their supports and services. Advocates from the national advocacy service also visited as a further support to ensure that resident's rights, will and preference were respected and promoted.

Resident well-being was dependent on the provision of good timely healthcare. Inspectors found that staff monitored resident well-being, sought timely access to the supportive General Practitioner (GP) or the emergency out-of-hours service as necessary. Residents had ready access to multi-disciplinary review within the providers own structures and to community based services. Nursing input was available in the centre and again staff spoken with clearly described the implementation of plans designed to protect and promote resident well-being.

An area that required improvement and that was not consistent with the overall positive inspection findings was medicines management. Based on records seen there was an ongoing high level of medicines management errors in the centre; the errors ranged from recording errors to administration errors such as medicines not administered or administration of the incorrect dose. The provider was aware of this and had taken action to improve the safety of practice such as retraining of staff and reassessment of competency, alterations to how medicines were supplied, daily medicines counts and an alert system for staff when prescribed medicines were due to be administered. However, inspectors found given the ongoing pattern of errors that these actions did not result in the improvement required and better safer practice. Inspectors did note that some prescriptions were complex as was the supply of medicines; medicines were stored and prepared in the main staff office located on the busy ground floor.

Regulation 10: Communication

There was evidence of a broad understanding of how residents communicated and

respect for comprehension where expressive ability was limited. Staff used assistive tools such as manual signing and visual prompts to support effective communication and continued to develop these supported by input and recommendations from the MDT. The function of behaviours as a communication tool was clearly referenced.

Judgment: Compliant

Regulation 13: General welfare and development

Notwithstanding the complexity of needs and level of possible risk each resident had opportunities for new experiences, social participation and community integration. Access was determined by individual needs, abilities, risk assessment, interests and choices. Inspectors found that residents were enabled to lead their lives in as fulfilling a way as possible and staff continued to promote and develop this.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents nutritional requirements and choices were established and provided for. Access to speech and language therapy and the dietitian was facilitated and staff monitored resident body weight on a regular basis as an indicator of good health. Residents were supported to make healthy choices in relation to their diet and exercise. Residents were seen to be provided with freshly prepared, nutritious and appealing meals that they enjoyed.

Judgment: Compliant

Regulation 26: Risk management procedures

Risk management policies and procedures and risk assessments were in place for dealing with situations where resident and/or staff safety may have been compromised. The approach to risk management was individualised and supported responsible risk taking as a means of enhancing quality of life while keeping

residents safe from harm.

Judgment: Compliant

Regulation 28: Fire precautions

The provider ensured that there were effective fire safety management systems in place including arrangements for the safe evacuation of residents.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had systems that sought to ensure that resident health and well-being was promoted and protected by safe medicines management practice. However, there was an ongoing high incidence of medicines management errors that continued despite the remedial actions implemented by the provider.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan which detailed their needs and outlined the supports required to maximise their well-being, personal development and quality of life. The plan was developed based on the findings of a comprehensive assessment and recommendations made by the MDT. The plan and its effectiveness was the subject of regular review by staff and the wider clinical team. There was evidence of improved outcomes for residents, for example in communication and social participation further to the support and care provided.

Judgment: Compliant

Regulation 6: Health care

Staff assessed, planned for and monitored residents' healthcare needs. Each resident had access to the range of healthcare services that they required. A resident's right to refuse treatment was respected and managed. Nursing staff were currently undertaking training in blood-profiling in the hope that this would reduce anxieties for residents and support resident co-operation.

Judgment: Compliant

Regulation 7: Positive behavioural support

There was evidence of a positive evidence based approach to the management of behaviour. There were times when based on assessed risk there was a requirement for reactive strategies; explicit plans detailed all interventions both positive and reactive that could be implemented. The plan was tailored to individual needs and evidence based. Behaviour management practice and adherence to the principle of last resort was monitored. Staff spoken with described the interventions that were sanctioned and understood the principle of last resort.

Judgment: Compliant

Regulation 8: Protection

There were policies and supporting procedures for ensuring that residents were protected from all forms of abuse. However, there has been a consistent pattern of risk of harm from peers in this designated centre. An additional control has been identified as required to protect residents from risk of harm and abuse from peers and was pending at the time of inspection.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were supported to safely exercise independence, choice and control. The

provider was aware of and respected resident capacity to make decisions. The privacy, dignity, rights and diversity of each resident was seen to be understood by staff spoken. Different levels of support were provided in accordance with individual needs and choices.
Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Glenview House & Cottage OSV-0005180

Inspection ID: MON-0021964

Date of inspection: 26/07/2018 and 27/07/2018

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:

Regulation Heading	Judgment
Regulation 29: Medicines and pharmaceutical services	Not Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: PIC has conducted a full review of all systems in place to ensure safe management of medications.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: Safeguarding plan viewed and discussed on inspection has been completed within the discussed timeframe.	

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.	Not Compliant	Orange	30.07.18
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	27.07.18