



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

## Issued by the Chief Inspector

Name of designated centre:	Hempfield
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Clare
Type of inspection:	Short Notice Announced
Date of inspection:	11 August 2020
Centre ID:	OSV-0003379
Fieldwork ID:	MON-0029804

## About the designated centre

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

In this centre a 24 hour residential service is provided to adults of a younger profile, but all over the age of 18 years. The primary purpose of the service is to provide support for persons with a diagnosis of autism and intellectual disability and the maximum number of residents that can be accommodated is four. The premises is a detached dormer type bungalow with services for residents provided on both floors; recent works were completed to create a self-contained apartment at ground-floor level. The centre is located on the outskirts of a town and ample provision is made for transport suited to the needs of the residents so that they have access daily to services in the local community and beyond. The model of care is social and the staff team is comprised of social care workers and support workers with daily management and oversight assigned to the person in charge supported by the team leader and deputy team leaders. Access as needed to other clinicians and multi-disciplinary support is available from within the provider organisation. Staffing levels and arrangements are based on the assessed needs of the residents; there are two staff on duty each night with day time staffing levels reflecting 1 to 1 or 2 to 1 staff to resident ratios as needed.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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## 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
Tuesday 11 August 2020	10:15hrs to 16:15hrs	Mary Moore	Lead

## What residents told us and what inspectors observed

This inspection was completed in the context of the ongoing requirement for measures to prevent the introduction of and the onward transmission of COVID-19. Three of the residents spent most of the day out of the house as was their usual routine; the inspector had the opportunity to briefly meet with two residents. Residents acknowledged the presence of the inspector who was introduced by staff, but other than a brief greeting and some minor interaction thereafter, residents continued with their choice of routine and activity. The inspector noted that the routines of the house were individualised to each resident and that residents presented as content in their home and with their plans for the day. One resident was clearly expecting a particular staff member on duty and smiled broadly when the person in charge confirmed that this staff was due to come on duty. Staff spoken with were very knowledgeable of the assessed needs and support needed by each resident. There was a good understanding of what ensured a safe, quality service for each resident such as systems of supervision and oversight, access to and support from the multi-disciplinary team (MDT) and ongoing communication with residents and representatives so that they had an input into the service and the support provided.

## Capacity and capability

These inspection findings reflected a well-managed service that was adequately resourced to deliver on its stated objective to provide residents with an individualised safe, quality service. The provider had established formal systems of review that were consistently applied to monitor the quality and safety of the service, for example weekly reports were submitted to the designated operations manager for the area. It was evident that the provider used the findings of its own reviews to improve the quality and safety of the service. Locally, the person in charge and the team leader who were both met with had a clear understanding of the role of supervision and oversight and described the corrective actions taken so as to improve monitoring and drive safety and quality.

For example, the provider ensured that its staffing levels and arrangements were sufficient to meet the assessed needs of the residents and to ensure that they were safe and had a good quality of life that included ready opportunity to access the wider community. The staffing levels and arrangements as described were as directly observed and as seen on the staff rota. Staff were provided with the training that they needed so as to provide residents with a safe and effective service; this was evident from the training records. The training records reflected the staff on duty and on the rota and there were no gaps in attendance at mandatory, required and desired training such as fire safety, medicines management and understanding

and supporting a diagnosis of autism. The staff training programme equipped staff with the knowledge that they needed to respond to the risk of COVID-19 and all staff had completed training in infection prevention and control, hand-hygiene and the correct use of personal protective equipment (PPE).

Records seen indicated that the governance structure operated as outlined in the statement of purpose and function. This is a record that the provider is required to create and maintain and that informs persons such as the Chief Inspector, residents and their representatives as to how the service is managed, how to make a complaint and what services and facilities are provided. Local management and oversight was assigned to the person in charge supported by the roles of team leader and deputy team leader. The rota and the on-call rota indicated that between them a management presence on site or access to management was available to staff every day. Regular formal staff supervisions were completed and the inspector was advised that the agenda for these changed in response to issues that had arisen in practice or following the findings of reviews. This ensured that the standard of support required by residents was consistently discussed and reiterated, for example controls to manage risks and safeguarding reporting responsibilities. Likewise as seen in a record reviewed, the agenda for staff meetings included discussion of active issues that required a consistent staff response to ensure the safety of residents such as fire evacuation plans.

Through communication and desk-top review the provider sought to ensure that effective governance continued in the context of the restrictions imposed by the COVID-19 pandemic. As soon as it was practicable and safe to do so the provider recommenced on site systems of monitoring by the wider governance structure. The inspector reviewed the findings of internal reviews and saw that non-compliance was found and corrective action plans issued. The lines of enquiry and expected standard of compliance set by the provider were rigorous; where non-compliance was found the provider risk -assessed its impact on the quality and safety of the service received by residents. The non-compliance found in the centre by these internal reviews was overall judged to be of low risk.

Most importantly there was evidence that where failings in this service were identified or reported, failings that impacted on the appropriateness, safety and quality of the service received, they were investigated and responded to so that the failing was corrected and actions were taken to minimise the risk of a re-occurrence. For example, the person in charge described why deficits had arisen and the action taken including the allocation of specific staff responsibilities in the management of medicines.

## Regulation 14: Persons in charge

The person in charge worked full-time and met the requirements of the regulations in terms of qualifications, skills and experience. The person in charge took responsibility for the management of the centre taking into account their role in the

management structure. The person in charge was informed, clearly understood the importance of supervision and oversight and had effective systems for maintaining oversight. The person in charge was supported in the day-to-day management of the centre by a team leader and deputy team leaders. The person in charge had responsibility for two centres and was satisfied that she had the support that she needed from the team leaders and from the senior management team to ensure the effective management of both centres.

Judgment: Compliant

### Regulation 15: Staffing

The provider had ensured that staffing levels, skill-mix and arrangements reflected and met the number of and the assessed needs of the residents. A well-maintained planned and actual rota was in place.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to a programme of training the supported staff to provide residents was a safe and effective service; staff attendance at training both baseline and refresher was monitored.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents was seen to contain all of the required information.

Judgment: Compliant

### Regulation 21: Records

All of the records requested by the inspector so as to inform and validate the inspection findings were readily accessed; the records were well maintained so that it was easy to extract the required information from them.

Judgment: Compliant

### Regulation 23: Governance and management

The governance structure operated in line with the individual roles and responsibilities set out in the statement of purpose. The provider had management systems and systems of review informed by the requirements of the regulations and the standards to ensure that the service provided to residents was appropriate to their needs and safe. The provider used the findings of reviews to improve the quality and safety of the service.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was current and recently reviewed so that it was an accurate reflection of the service, for example the floor-plans reflected the internal alterations made. The record contained all of the required information.

Judgment: Compliant

### Regulation 31: Notification of incidents

Based on the records seen in the designated centre there were adequate arrangements for ensuring that the Chief Inspector was notified as required of incidents such as accidental injuries and the use of a restrictive intervention.

Judgment: Compliant

## Quality and safety

Overall the inspector found that this service was operated to meet the individual needs of residents. There was awareness, knowledge and systems that promoted the provision of a safe, quality service. Risks to resident and staff safety were identified and managed. When deficits were identified or reported that compromised the safety and the quality of the service that residents received, the



provider responded appropriately and took corrective action including action to reduce the possibility of a re-occurrence.

The inspector reviewed one personal plan and found that residents needs, wishes and preferences were comprehensively assessed and the support needed in response to each assessed need was clearly set out. Residents through key-working meetings with staff, and their representatives were consulted with in relation to the support provided. For example, the inspector saw formal correspondence sent to families explaining the measures and changes needed in response to the COVID-19 pandemic. Staff described how they liaised with families for example when there was a change in needs or to arrange visits home. The plan and its effectiveness was subjected to an annual review of its effectiveness and was also updated as needed by staff, for example to rectify gaps in the plan identified by a recent internal review. The personal plan included the residents' personal goals and objectives, the actions needed to progress them and their current status.

In the context of their assessed needs residents did present with behaviour that was of risk to themselves and others. Support and clinical advice as needed was provided from within the providers own resources and the person in charge confirmed that this support had continued throughout the COVID-19 pandemic. The behaviour, its meaning, possible triggers, therapeutic and more reactive strategies were detailed in the positive behaviour support plan. Staff described how at times in the context of the risk that presented it was necessary for staff to physically intervene; staff had the training required to do this, the use of such interventions was monitored to ensure the response was proportionate and always a last resort.

Overall the inspector found that there was a strong awareness of interventions that had a restrictive dimension, the risk that necessitated their use, their impact on both the resident themselves and peers and a commitment to reduction where possible. For example reduced reliance on chemical intervention and the consequent positive impact on resident well-being was reported. While there were interventions evident such as coded access points and a gated entrance these were required for the safety of residents; the premises presented as welcoming with residents seen to enjoy good freedom in their home and on the grounds.

The inspector was advised that the provider did have plans for the development of the rear garden so that it offered more recreational and therapeutic facilities for residents. Given the age profile and activity levels of the residents this plan should be progressed.

There was evidence in the form of safeguarding reports and plans that the provider was committed to its responsibility to protect residents from all forms of harm and abuse. Where concerns had arisen they were reported, investigated and actions were taken to ensure that the support provided to residents was appropriate, safe and in line with their personal plan. All staff had completed safeguarding training including refresher training provided by the designated safeguarding officer. There have been incidents where peers have impacted on their fellow peers. These incidents were recognised, managed and reported as possible abusive events; their

analysis identified the reasons for them such as the impact of COVID-19 on normal routines. There was a centre specific safeguarding plan that was kept under review and set out the controls for preventing these negative interactions such as consistent supervision as provided for in the staffing levels and restricting unwanted access to personal space. There was good awareness that ongoing reporting and monitoring of such events was needed to ensure that each resident enjoyed a safe, quality service in their home.

Good hazard identification and management underpinned the safety of the service. There were local and wider organizational processes for monitoring accidents and incidents. Their occurrence and their management informed the review of the risk register. The risk assessments seen were centre specific and specific to the assessed needs of each resident. Many of the controls needed to keep residents and staff safe were the restrictive interventions mentioned above. Based on the evidence of this inspection, risk control measures were proportionate to the risks identified and did not unreasonably impact on residents quality of life.

The provider had responded to the COVID-19 pandemic and infection prevention and control measures to protect residents and staff and that reflected national guidance were in place. For example staff and visitor health was screened; as stated earlier staff had completed relevant training and were seen to use face masks as recommended by national guidance. There was enhanced environmental cleaning and good provision of hand hygiene products. There was a suite of risk assessments, policies and protocols to guide staff in their practice, for example the response required in the event that a resident became symptomatic. The inspector did recommend a risk assessment or protocol setting out for staff how and how often resident well-being was monitored and recorded particularly where residents disliked and did not respond well to checks such as temperature checks.

The provider ensured that its fire safety management systems including its evacuation procedures were effective. For example, one resident did not evacuate for staff during a recent simulated evacuation drill. Staff undertaking the drill reported this; advice was sought from the behaviour therapist and the benefit or not of more frequent drills was discussed and agreed. A prompt, incentive to evacuate was agreed, tested and worked and then reflected in the individual risk management plan and the personal emergency evacuation plan (PEEP). Records in the fire register confirmed that the fire detection and alarm system, the emergency lighting and fire fighting equipment were tested at the required intervals. There was evidence of other fire safety interventions such as doors to contain fire and its products thereby protecting escape routes for residents and staff.

## Regulation 10: Communication

Much of the communication in the centre was non-verbal. Records seen indicated that staff used and residents engaged with tools such as social stories to present

information in a way that increased the residents understanding of events such as the fire evacuation procedure and the COVID-19 pandemic. Residents also responded to picture exchange systems or used gestures, words and behaviour to communicate their needs and wishes. The support plan included for staff the meaning of these gestures and words, for example how to recognise when the resident was happy or indicating that they were not. Staff said that media such as television, phones and personal devices were very important to residents and night staff ensured that these were safely charged and ready for use each morning.

Judgment: Compliant

### Regulation 11: Visits

Visits to the centre were facilitated in line with national restrictions and guidance to prevent the accidental introduction of COVID-19. Residents visited family and home and there were risk assessments and procedures to ensure that reasonable controls were in place to manage the risk of COVID-19 transmission.

Judgment: Compliant

### Regulation 13: General welfare and development

COVID-19 and the consequent restrictions to curtail its spread had had some impact on residents and their usual routines such as the cessation of day services and the closure of community facilities and amenities. Staff planned and sought alternatives that were suited to residents needs and interests, that did not create unreasonable challenges for residents or increase the possible risk of infection by COVID-19. Staff described how they choose with residents preferred locations and outdoor spaces and amenities particularly those that were less crowded. For example, the centre was near a choice of beaches and water sports and these were utilised. On the day of inspection three residents each had different plans for the day and left for three different locations with staff. Staff described how they worked with residents in relation to their individual choices and routines and staffing levels supported this; for example one resident spent more time at home in the centre and preferred a later start and finish to their day; waking staff at night and the separate living space supported this routine and limited the impact on peers.

Judgment: Compliant

### Regulation 17: Premises

The premises was well maintained and while safe and secure it presented as welcoming and comfortable. The individuality, interests and needs of residents was reflected in the environment but in a way that was dignified and integrated into the normal routines of the house. The provider had plans for the development of the rear garden so as to provide more recreational opportunities for residents.

Judgment: Compliant

### Regulation 26: Risk management procedures

The inspector was assured that responsive, meaningful, centre and resident specific risk identification and management informed the provision of safe and effective services, support and care to residents.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had implemented effective measures informed by national guidance to reduce the risk of the introduction of and the onward transmission of COVID-19.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had effective fire safety management systems including effective arrangements for the evacuation of residents in the event of an emergency.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The personal plan detailed the residents needs and abilities and outlined the support and care required to maximise their well-being, safety, personal development and quality of life. The plan was developed based on the findings of a comprehensive assessment; the plan and its effectiveness was the subject of review and update as needed by staff. There was a good link between the personal plan, risk assessments

and the findings and learning from reviews. There was evidence of elements of the plan in practice such as the display of favoured interests and objects and the securing of and respect for personal space in line with resident choice.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Training records indicated that all staff had received training in the management of behaviour including de-escalation and intervention techniques. Regular input from the behaviour support team was provided to the staff team so that staff knowledge and skills to support residents to manage their behaviour was kept up to date. Incidents were kept under regular review and the quality of the recording of these events was monitored so that the events and their management could be effectively reviewed. Restrictive interventions were in place in response to assessed risks to the safety of residents and others. There was a strong awareness of the use of restrictive interventions and their impact and their use only as a last resort.

Judgment: Compliant

### Regulation 8: Protection

The provider exercised its responsibility to ensure that residents were protected from all forms of abuse and harm. Where concerns had arisen the provider had responded in a timely manner and had reviewed its own protective measures to ensure that they were adequate to protect residents; for example refresher safeguarding training was provided to staff and enhanced support was provided by the behaviour therapist. There were plans to ensure that personal care was provided in a dignified manner and there was oversight of procedures to ensure that residents personal finances were protected.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant