Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	The Meadows
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	20 January 2020
Centre ID:	OSV-0003384
Fieldwork ID:	MON-0024450

About the designated centre

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

The service provider had produced a statement of purpose which outlined the services provided within this centre. The centre is managed by Nua Healthcare Services and aims to provide 24-hour care to both female and male adults some of whom have autism. The centre comprises of one large bungalow which provides accommodation to four residents. There is also a living complex attached to the bungalow where one resident resides. The centre is located in a rural setting in Co. Kildare and residents have access to a number of vehicles in order to access activities in their local communities. The person in charge is employed full-time in the centre and is supported by deputy team leaders. The skill mix in the centre includes social care workers and assistant support workers.

The following information outlines some additional data on this centre.

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
Monday 20 January 2020	09:30hrs to 18:00hrs	Marie Byrne	Lead
Monday 20 January 2020	09:30hrs to 18:00hrs	Gearoid Harrahill	Support

What residents told us and what inspectors observed

The inspectors of social services met three of the four residents living in the centre during the inspection. The residents appeared to be enjoying their day and had plans of where they were going and what they were going to do with the support of staff. Through observation and discussions with residents and staff, it was evident that residents' choices and preferences were respected in relation to their daily lives and setting their goals.

Residents were happy to chat with inspectors about their plans for the day and upcoming trips and family visits. Residents chatted and joked with staff members and had a positive relationship with staff in the centre. They were familiar with and comfortable in the presence of staff, including the person in charge and director of operations (DOO). Inspectors observed staff interacting with residents in a friendly and respectful manner and communicating in accordance with their assessed needs and methods.

Later in the day, residents were watching television together and appeared comfortable in each others company. All residents had their own space in the house and were supported by staff to follow their own routine when in the house together.

Resident input and experience was a prominent factor of the evidence gathered as part of the annual review and six-month audits by the provider. The feedback gathered was generally positive and was gathered in line with the most appropriate communication techniques for each person.

Capacity and capability

Overall, the inspectors found that the centre was well managed and that the provider and person in charge were monitoring the quality and safety of care and support for residents. They were supporting residents in line with their assessed needs and wishes and preferences. There were appropriate systems in place to recruit, train and support staff to ensure they were carrying out their roles and responsibilities to best of their abilities, whilst ensuring residents were happy and safe.

Through their own audits and reviews, they were identifying areas for improvement and putting plans in place to complete the required actions to make these improvements in the centre. These actions were leading to improvements for residents in relation to their care and support and in relation to their home.

This inspection was facilitated by the person in charge and the director of operations

(DOO). They were found to be knowledgeable in relation to residents' care and support needs and their responsibilities in relation to the regulations. From speaking with them and reviewing documentation in the centre, it was evident that they were motivated to ensure that residents were engaging in day services and activities in line with their wishes and preferences. They had systems in place to ensure oversight and monitoring of the centre which included; weekly reports, weekly meetings, monthly assurance reports, audits, the six monthly visits by the provider and the annual review of care and support in the centre.

The weekly reports sent by the person in charge to the DOO were reviewing, incidents, accidents, complaints, medication errors, staff turnover, restrictive practices, audits and notifications. There were reviewed by the DOO and then by the executive management team. The minutes of these meetings included a review of trends and learning from incidents. These minutes are then shared with persons in charge. In addition, the monthly assurance reports were completed by the person in charge and sent to the DOO. These reports review; health and safety and risk management, residents' social care needs, the skill mix of staff within the centre, compliance and audits, safeguarding and protection, staff training, accidents, residents' meetings, action plans, team meetings, operational efficiency and the centre's statement of purpose.

There were systems in place to ensure staff were supported in their roles. Regular staff meetings were occurring and there were opportunities for staff to contribute to the agenda and to discuss learning following incidents or significant events in the centre. The inspector observed respectful and friendly interactions between staff and residents and staff were observed chatting with residents and delivering support and assistance in a dignified manner. Residents appeared comfortable and relaxed in the presence of staff. Continuity of care was particularly important in line with residents' assessed needs. The inspectors reviewed a sample of rosters for the centre which clearly showed that regular staff were consistently available to support residents. The inspectors reviewed a sample of staff files and found that they contained the information required by the regulations.

The person in charge had a schedule in place for staff supervisions. Formal staff supervision was being completed with all staff members. The inspectors viewed a sample of these and found that there were opportunities during these meetings to identify strengths and areas for development for staff members. Staff had completed training and refreshers to enable them to support residents in line with their assessed needs. For example, they had completed training in fire safety, manual handling, medication management and safeguarding. They had also completed additional trainings in line with residents' needs in the centre.

The inspectors reviewed the records relating to residents' admissions to the centre and found that there were policies and procedures in place. In addition, these were outlined in the centre's statement of purpose. These documents outlined how the provider would consider the needs and safety of all residents prior to any admissions to the centre. The inspectors reviewed a sample of residents' contracts of care and found that they were in place and signed. They outlined details of the support, care and welfare to be provided and the services and facilities provided for residents in

the centre.

Regulation 15: Staffing

Residents were supported by a regular staff team who were knowledgeable in relation to their care and support needs. There were planned and actual rosters in place and from the sample reviewed there was evidence that continuity of care was maintained for residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training and refreshers in line with the organisations policies and procedures. In addition, they had also completed additional area specific trainings in line with residents' assessed needs. Staff were in receipt of regular formal supervision to support them to carry out their roles and responsibilities to the best of their abilities.

Judgment: Compliant

Regulation 23: Governance and management

The provider had an auditing and reporting structure in place which provided oversight of the designated centre to ensure that it was adequately resourced and appropriate to support residents' needs. The provider had completed their annual and six-monthly reports with meaningful input from residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There was an admissions policy and procedures in place and these were also outlined in the centre's statement of purpose. The contracts of care reviewed, contained the information required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had notified the chief inspector of adverse incidents occurring in the centre, and the provider was conducting checks to ensure that required information was being submitted.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that residents were safe and happy living in the designated centre, and that they were supported and encouraged to exercise their choice in how they went about their day.

Overall, the premises was homely and suitable in its design to meet the needs of residents. Residents' bedrooms were decorated based on the residents' preferences with plenty of space in which to store their clothes and belongings. There was sufficient communal space in living rooms and kitchens and residents had space to follow their own routine without disturbing others. There were some maintenance issues in the centre such as chipped kitchen cabinets and bathroom floors which did not create a safety hazard but took from the pleasant cosmetic appearance of the house. There were also some shallow cracks in the floor which may create a minor tripping hazard. The provider and person in charge discussed with inspector upcoming plans to address these matters. Residents were satisfied with the house and told inspectors they liked living there.

Residents were supported to manage their finances in line with their assessed capacity and choice, and were facilitated to avail of work opportunities in the community. Inspectors observed interactions between staff and residents as well as pictorial or plain English documentation and signage. The provider was conveying information to residents in accordance with their assessed communication needs. Residents were encouraged and facilitated to have their input and preferences reflected in the operation of the designated centre. Regular house meetings took place in which residents provided feedback on the service, with notes in later meetings on what follow-up action was taken based on their feedback.

The inspectors reviewed a number of residents' assessments of needs and personal plans. They were found to be person-centred and reflective residents' care and support needs. There was evidence that they were reviewed regularly to ensure they were up to date and reflective changing and evolving needs.
Residents' involvement in the development and review of their personal plans were

evident. There was evidence that residents had access to a keyworker. Through observation, discussions with staff and a review of documentation, it was evident that residents were supported to spend their day in accordance with their individual choices, interests and preferences. Residents' personal plans were developed and available in an accessible format, as required.

There were a number of restrictive practices in the centre and there was evidence that these were reviewed regularly to ensure they were the least restrictive for the shortest duration. The person in charge also described examples where there had been a reduction in the frequency of use of a number of restrictions. They also discussed plans to further reduce the frequency of use of a number of other restrictions in the centre. Residents were supported by the relevant allied health professionals and support plans and guidelines were developed and reviewed as required. These documents clearly guided staff to support them. Staff had completed training and refreshers to support residents in line with their assessed needs.

Residents were protected by the policies, procedures and practices in the centre in relation to safeguarding. Staff were in receipt of training to support them to be aware of the steps to follow, if they were to become aware of any allegation or suspicion of abuse in the centre. From reviewing incident reports and notifications for the centre, it was evident that allegations or suspicions of abuse were reported and followed up on in line with the organisation's and national policy. A safeguarding register was in place and regularly reviewed and updated. Residents' intimate care needs were assessed and plans were in place which clearly guided staff in relation to their needs, wishes and preferences.

Residents were being supported to communicate in line with their wishes, preferences and assessed needs. They had access to allied health professionals in line with their assessed needs. There was information available for residents throughout the centre which was in a format which suited their communication preferences. This information included; pictures of what staff were on duty, meal options, the complaints process, and information on rights and advocacy. Residents had an all about me document which outlined how to get to know them and how they communicated. Through speaking with staff and observing a number of interactions between residents and staff, it was evident staff were familiar with residents' communication needs and preferences. A number of staff had completed additional training to support residents in line with their communications preferences.

The provider maintained a register of identified risks related to the centre and to the residents. Risk analysis was kept under review with appropriate control measures identified to keep people safe and mitigate risk. The effectiveness of the controls and the experience of incidents contributed to the review of risk analysis which resulted in some risk levels being decreased. The person in charge advised that some restrictive practices such as code-locked doors had been removed where they were deemed to not be necessary, and discussed other practice whose removal was to be trialled.

The centre was suitably equipped to detect, identify and contain the spread of flame and smoke in the event of a fire. Residents had participated in practice evacuations and records of these identified that the centre could be fully evacuated in 1-2 minutes without delay. All fire equipment including the addressable fire alarm system, emergency lighting and fire doors were routinely checked with certification as to their effectiveness. Clear evacuation maps and signage allowed for efficient evacuation of the centre.

Overall, residents were protected by the policies, procedures and practices relating to medication management in the centre. There were systems in place for ordering, receipt, prescribing, storing and administration of medicines. Audits, including stock control audits were being completed regularly. There was evidence that medication related errors or omissions were reviewed and that learning following these reviews was shared with the team. However, a number of protocols in place for the administration of 'as required' medications, required review to ensure they were clearly guiding staff in relation to the reason for their administration. The inspectors also reviewed a number of documents completed post administration of these medicines, which required review to ensure they clearly indicated the reason why they were administered in line with what was outlined in the prescription.

Regulation 10: Communication

Residents had access to allied health professionals in line with their assessed needs. They were being supported to communicate in line with their needs, wishes and preferences. Documentation was in place to assist and guide staff to support them.

Judgment: Compliant

Regulation 12: Personal possessions

Arrangements were in place for residents to retain control and access to their personal property, and residents were being facilitated and supported to manage their finances in accordance with their preferences and assessed capacity.

Judgment: Compliant

Regulation 17: Premises

Overall the premises was homely, comfortable and suitable in its design to support the needs of residents. Some areas of the centre required improvement to ensure

the cosmetic maintenance and ability to clean surfaces was not compromised.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider maintained a register of risks identified for the designated centre and for individual residents. Risks were kept under review to ensure that the controls were appropriate to mitigate the risk.

Judgment: Compliant

Regulation 28: Fire precautions

There were effective systems in place to detect, contain and extinguish fire in the centre. Evacuation plans and practice drills provided assurance that residents and staff could evacuate safely in a timely fashion.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Overall, residents were protected by the policies, procedures and practices in relation to medication management in the centre. However, a number of documents required review to ensure they were clearly guiding staff in relation to the administration and documentation relating to 'as required' medicines.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had an assessment of need and personal plans which clearly guided staff to support them. There was evidence that these documents were reviewed and updated regularly. Residents had access to a keyworker to support them with their personal plans and to set and achieve their goals.

Judgment: Compliant

Regulation 7: Positive behavioural support

Restrictive practices were reviewed regularly to ensure that the least restrictive measures were used for the shortest duration. Plans and guidelines were developed as required to support residents. These plans were detailed and clearly guiding staff to support residents.

Judgment: Compliant

Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Allegations and suspicions of abuse were reported, investigated and followed up on in line with the organisations and national policy.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted in the operation of the designated centre through regular house meetings and input to the audit systems. Inspectors were assured that residents were supported to go about their day in line with their personal choices, preferences and interests.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Meadows OSV-0003384

Inspection ID: MON-0024450

Date of inspection: 20/01/2020

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The Person in Charge will ensure that the following actions are implemented in the Centre to ensure the maintenance and hygiene of the Centre is to the correct standards; 1. Chipped kitchen cabinets to be repaired [to be completed by 13/03/2020]. 2. Deep clean to be carried out on bathroom floor in individualised living complex and tiles to be re-regrouted [to be completed by 21/02/2020]. 3. Shallow cracks in the floor in the hallway and utility room require repairing [to be completed by 13/03/2020].	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The Person in Charge will ensure that the following actions are implemented in the Centre to ensure that suitable practices relating to medicines and pharmacaceutical services is to the correct standards; 1. The number of documents relating to 'as required' medicines were reviewed and updated by the PIC [completed on 04/02/2020]. 2. PIC shall ensure that the documentation relating to 'as required' medicines clearly	

guides staff in the administration of medication [completed on 04/02/2020].

3. All the above actions above where discussed at monthly Team Meeting [completed on 30/01/2020].

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	13/03/2020
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	Substantially Compliant	Yellow	04/02/2020

	resident.			