



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

## Issued by the Chief Inspector

Name of designated centre:	The Fairways
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	30 January 2020
Centre ID:	OSV-0003389
Fieldwork ID:	MON-0027721

## About the designated centre

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

The Fairways is a residential service located in Co. Offaly that can provide services for to up to eight people over the age of 18 of both genders who require support and supervision on a 24/7 basis. The centre provides support and care for adults with an intellectual disability. Service users may also present with autism, a mental health diagnosis and behavioural needs. The centre is supported by a person in charge, a team leader, two deputy team leaders, social care professionals and assistant support workers. The centre comprises a large detached two-storey dwelling, in rural setting. Each resident has their own en-suite bedroom and communal facilities include a kitchen/dining room, a sitting room, a relaxation room and rooms provided for staff offices and sleep over facilities. Local amenities include cafes, a service station, a gym and parks.

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

Number of residents on the date of inspection:

7

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
Thursday 30 January 2020	09:30hrs to 17:30hrs	Sinead Whitely	Lead

## What residents told us and what inspectors observed

The inspector had the opportunity to meet with five residents on the day of inspection. The profile of all residents living in the centre on the day was young male adults. Three residents were having their breakfast on the morning of the inspection and another was watching television. This appeared to be a relaxed and familiar environment. Residents then headed out for the day to attend their different daily activities. Some residents were accessing employment and staff were supporting them with this. One resident was out walking dogs on the day of inspection and another resident was working in retail. Some residents attended day service and opportunities to take part in activities including woodwork, art, music and day trips was part of this.

Residents had ample opportunities to partake in recreational activities on a daily basis and had a range of individualised personal social goals in place. One resident enjoyed a skiing holiday last year and was hoping to compete in the Special Olympics. Another resident had completed a health and fitness qualification and attended the local gym regularly. Residents often went to the cinema and local cafes and restaurants. One resident liked toys and was supported by staff to access online stores and local shops to purchase new toys regularly. This resident showed the inspector their own bedroom where they liked to keep the items they had purchased. The resident appeared proud of their bedroom and happy in their own space and spoke with the inspector about their bedroom and the different things they liked to purchase.

The dynamic between staff and residents appeared comfortable, familiar and warm throughout the day. Residents were preparing to have a takeaway and a cake on the evening of the inspection to mark a staff members last day working in the centre. One resident went out for a pint in the local pub with the staff member to also mark the occasion. Residents and staff were observed laughing and joking together and staff were familiar with the resident's needs and preferences when spoken with. Residents and their representatives were regularly consulted for feedback on their level of satisfaction with the service provided.

## Capacity and capability

This was an unannounced inspection and was utilised to observe the centres ongoing levels of compliance with the regulations. Overall, the inspector found high levels of compliance. The registered provider had ensured the designated centre and provision of care and support was in line with resident's needs and individual

preferences.

There were appropriate governance and management systems in place to effectively manage the designated centre and oversee the care and support being provided. The person in charge (PIC) had a full time position and their time was fully protected for this role. The person in charge was supported by a team leader and deputy team leader. The team leaders' time was also fully protected to support the PIC. A member of management was present in the centre seven days a week. There was also a local Director of Operations in place who was senior to the PIC and whom the PIC reported to on a regular basis. The centre was also supported by a full time administration staff member who completed regular documentation reviews. Regular audits and reviews of the service being provided were taking place. An annual review of the care and support provided had been completed by the person in charge and appropriate actions had been devised and addressed from this. An easy read version of this was made and was available to residents if they wished to read it. There was a service quality department in place who completed six monthly unannounced audits in the centre. These audits focused on areas including health and safety, medication management, safeguarding, governance and management, premises and personal plans. Weekly and monthly governance reports were sent by the PIC and team leader to the director of operations. These were discussed at length at senior management team meetings and appropriate actions identified and addressed. In general, any adverse incidents required to be notified to the Office of the Chief Inspector, were submitted within the required time frames. This included any peer to peer incidents, or allegations. However, it was noted that the use of one environmental restriction was not notified on a quarterly report as required.

There were appropriate staffing numbers and skill mixes in place to meet the assessed needs of the residents living in the designated centre. The staff team comprised of a mix of social care workers and care assistants and the centres full staff compliment was in place on the day of inspection. The inspector had the opportunity to complete a review of a number of staff files and found that all items set out in Schedule 2 were in place. There was an internal relief system in place to cover staff sickness and leave. There was a clear staff rota in place that accurately reflected staff on duty. This was reviewed by the PIC and/or team leader on a daily basis and was updated as required. Additional staffing was implemented for particular activities if there was a need identified for this. Staff spoken with were familiar with their role in the designated centre and were satisfied with the level of staff support in place.

All staff had access to appropriate training, including refresher training, as part of a continuous professional development program. Training was provided and completed by staff in areas including medication management, fire safety, manual handling, first aid, safeguarding, food hygiene, risk management, intimate care, autism and infection control. Staff were appropriately supervised by line managers. A member of management was present in the centre every day, the team leader or deputy team leader was in place in the absence of the PIC. Regular scheduled one to one staff supervisions were completed by line managers. Supervision sessions with staff, focused on outstanding work items, learning

opportunities, performance and actions were agreed during these for the following supervision. Line managers also completed annual performance reviews and appraisals with all staff. New staff members underwent a six month probation period and managers also completed one to one on the floor management and supervision with new staff.

There was a clear and effective complaints procedure in place. Any complaints were responded to in a serious and timely manner. The complaints procedure was prominently displayed in the designated centre. Residents were aware of how to make a complaints and regular key working sessions were held with residents where the complaints procedures and residents rights were often discussed. There were no open complaints noted on the day of inspection. One resident had previously commented that they wanted a television in their bedroom and the inspector observed that this was facilitated by the provider. A human resources (HR) team issued questionnaires annually to residents and their representatives to gauge their level of satisfaction with the service provided. These observed satisfaction with residents comfort levels, staffing, privacy and dignity, activities, resident's rights, goals, bedrooms and access for visitors. These were then used in the centres six monthly review of the care and support provided.

### Regulation 15: Staffing

There were appropriate staffing numbers and skill mixes in place to meet the assessed needs of the residents living in the designated centre.

Judgment: Compliant

### Regulation 16: Training and staff development

All staff had access to appropriate training, including refresher training, as part of a continuous professional development program. Staff were appropriately supervised by line managers.

Judgment: Compliant

### Regulation 23: Governance and management

There were appropriate governance and management systems in place to effectively manage the designated centre and oversee the care and support being provided.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose in place that accurately described the service being provided and contained all items set out in Schedule 1.

Judgment: Compliant

### Regulation 31: Notification of incidents

In general, any adverse incidents required to be notified to the Office of the Chief Inspector, was completed within the required time frames. However, the use of one environmental restriction was not notified on a quarterly report as required.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

There was a clear and effective complaints procedure in place. Any complaints were responded to in a serious and timely manner.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that the gentlemen living in the designated centre were receiving appropriate, person-centred care and support to meet their needs. Residents appeared satisfied with the level of support they had in place and appeared to be safe and happy living in their home.

The premises was designed and laid out to meet the aims and objectives of the service and the number and needs of the residents. The centre comprised of a large detached two-storey dwelling, in rural setting. The centre was divided into two



sections with a connecting door. Each resident had their own en-suite bedroom and communal facilities included two kitchen/dining rooms, two sitting rooms, a relaxation room and rooms provided for staff offices and sleep over facilities. The provider had implemented key pads on the resident's bedroom doors. Residents were all aware of their own individual bedroom codes and had the ability to access their bedrooms when they wished. Key pads were in place to promote residents privacy and security for personal items. Following a walk around the centre, the inspector found that in general, the centre was visibly clean and well maintained. However, the inspector noted a strong malodour in two of the resident's bedrooms and en-suites. The person in charge communicated that this appeared to be an ongoing plumbing issue. Furthermore, floorboards in one area of the designated centre were identified as in need of repair or replacing.

Each resident had a comprehensive assessment of need in place. An appropriate personal plan was devised which reflected these needs. The registered provider had ensured that arrangements were in place to meet the needs of each resident. A key working system was in place and each resident had two staff members who were assigned as their key workers. Key workers were responsible for the maintenance of resident's documentation and were also responsible for supporting residents to achieve social goals. Residents had specific individualised daily planners in place and these were available to staff and residents. These incorporated any appointments residents had and also included individualised daily activities. Resident had an annual review meeting where the resident's comprehensive assessment of need was reviewed and personal plans and goals updated as required. Residents were supported to maintain family relationships and staff supported and facilitated family visits and trips home. One resident had a goal in place to complete a course in health and fitness and this was successfully completed. Some residents had goals in place to develop their independent living skills which included cooking meals independently. Residents had ample opportunities to partake in recreational activities, some of these included horse-riding, walks, going to the cinema, playing computer games, going to the gym, art therapy, music and holidays.

Appropriate procedures were in place for the assessment, management and mitigation of actual and potential risks in the designated centre. Actions associated with the management of risk from the centres previous inspection had been addressed by the provider. All residents had personal emergency evacuation plans in place and these assessed the residents understanding of fire safety and evacuation. Emergency plans were also in place for procedures in the event of loss of power, loss of heating, flooding and loss of water. Picture versions of emergency plans were also available for residents. A report was generated weekly, which analysed the occurrence of any adverse incidents including safeguarding incidents, accidents, medication errors, restrictive practices and complaints. This report was sent to the local area manager. Risk assessments had been completed for two residents with allergies and control measures in place to mitigate the risk of anaphylaxis included resident education sessions, staff training, removal of allergens and maintenance of nutritional charts.

The registered provider had ensured that there were effective fire management systems in place in the designated centre. Appropriate firefighting equipment was in

place around the designated centre and this was regularly checked and serviced by a fire specialist. Arrangements were in place for detecting, containing and extinguishing fires and emergency lighting was in place all around the designated centre to illuminate exit routes in the event of a fire. Regular fire evacuation drills were completed on a three monthly basis and night time conditions were simulated during these drills bi-annually. New staff received training in fire safety and also received a centre specific fire safety orientation in the designated centre.

The person in charge had ensured that the designated centre had appropriate and suitable practices in place relating to the prescription, ordering, storage and administration of medicines. Staff had received training on the safe administration of medication and staffs ability to administer medication safely was reviewed by a competent staff member. There was a designated fridge in place for the storage of medicines and topical cream that required refrigeration. The inspector reviewed a number of resident's prescriptions and found that these safely and accurately guided the administration of resident's medication. Protocols were in place for the administration of medication taken as required (PRN). These were in line with residents care plans and positive behavioural support plans. Separate storage facilities were also in place for the storage for controlled drugs, and appropriate recording systems were in place to record levels in place. Two residents had an allergy. This was appropriately recorded and staff had received training in the administration of emergency medication in the event of anaphylaxis. Weekly medication stock checks were completed by staff and there was a designated medications officer in place who regularly reviewed resident's prescriptions and stock checks.

Residents were supported to manage their behaviours. Staff had up-to-date knowledge and experience to respond to challenging behaviours. Residents had positive behavioural support plans in place which detailed proactive and reactive strategies in place to support residents to manage their behaviours. Some restrictive practices were utilised at times to support residents when there was an identified risk. A quarterly review of all restrictive practices took place with the person in charge and a behavioural therapist. Some residents had been discharged from the care of the behavioural support team due to a decrease in the presentation of behaviours that challenge and appropriate management strategies in place. Multi-disciplinary support was still available to these residents if required. A behavioural therapist was present in the centre every three weeks to support residents and to review behavioural support plans. Evidence of the use of therapeutic interventions was evident with reward systems, key working sessions and resident contracts in place.

The registered provider had ensured that residents were safeguarded. All staff had received training in the safeguarding and protection of vulnerable adults and staff had also received specific training on intimate care. Safeguarding plans were in place where appropriate and ongoing safeguarding measures in place were discussed with staff on a daily basis and in staff meetings. Regular safeguarding review meetings were held and members of the multi-disciplinary team were part of this process along with the person in charge. Staff spoken with were familiar with safeguarding measures in place and knew the reporting systems should a

safeguarding concern arise. Staff supervision levels were regularly reviewed and updated in line with residents needs or safeguarding concerns.

### Regulation 17: Premises

The premises was designed and laid out to meet the aims and objectives of the service and the number and needs of the residents. However, the inspector noted a strong malodour in two of the residents bedrooms and en-suites.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

Appropriate procedures were in place for the assessment, management and mitigation of actual and potential risks in the designated centre.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had ensured that there were effective fire management systems in place in the designated centre.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured that the designated centre had appropriate and suitable practices in place relating to the prescription, ordering, storage and administration of medicines.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive assessment of need in place. An appropriate personal plan was devised which reflected these needs. The registered provider had ensured that arrangements were in place to meet the needs of each resident.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours. Staff had up-to-date knowledge and experience to respond to challenging behaviours.

Judgment: Compliant

## Regulation 8: Protection

The registered provider had ensured that residents were safeguarded. All staff had received training in the safeguarding and protection of vulnerable adults.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for The Fairways OSV-0003389

Inspection ID: MON-0027721

Date of inspection: 30/01/2020

## 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 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: Person in Charge to ensure that all restrictions are notified. Close date 30.04.2020	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Person in Charge reviewed the premises and logged on maintenance manager. Person in charge to ensure contractors follow up and close out action. Close date 15.03.2020	

## 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	30/04/2020
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Substantially Compliant	Yellow	15/03/2020



