

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	A designated centre for people with disabilities operated by Nua Healthcare
Centre ID:	ORG-0011287
Centre county:	Kildare
Email address:	l.flynn@nuahealthcare.ie
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare
Provider Nominee:	Noel Dunne
Person in charge:	Lisa Flynn
Lead inspector:	Sheila Doyle
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 07 May 2014 09:30 To: 07 May 2014 16:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was the first monitoring inspection in this centre. The inspector met with the person in charge, residents and staff, observed practices and reviewed documentation such as personal care plans and records. The inspector had previously met with the Director of Services and the Director of Operations at the provider's head office reviewing policies and procedures, staff records and collecting other information required to inform the inspection in other centres in the organisation.

Overall, the inspector found that residents received a good quality service. There was evidence of an acceptable level of compliance in a range of areas, with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and this was reflected in a number of positive outcomes for residents.

The inspector found the service was managed and run by a suitably qualified person in charge who was fully engaged in the governance and management of the designated centre. Appropriate staff recruitment and supervision was in place and staffing levels were suitable to meet the needs of the residents. The inspector found that staff supported residents to maximise their independence and encouraged them to make decisions and choices about their lives. Residents held regular meetings about how the house was run. The centre was homely and the inspector found that the residents were comfortable and confident in telling her about their home.

Improvements were required with regard to the management of fire safety and the

management of some clinical issues and because of the potential risk to residents immediate action was required and was being addressed prior to the end of inspection.

These matters are discussed further in the report and in the Action Plan at the end of the report.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector found evidence that residents were supported to live independent and fulfilling lives and a good system of personal planning was in place to guide this process.

The inspector met with a number of residents and reviewed a number of their personal plans. Residents described to inspectors how they liked to spend their day and said that they had ample opportunity for meaningful activities, which ranged from work-based activities in shops and businesses to leisure activities such as swimming, bowling, cycling and going to the cinema.

The arrangements to meet each resident's assessed needs were set out in a personal plan which had been developed in consultation with the resident and relevant key workers and family members. The inspector found that the personal plans were focussed on improving the quality of residents' lives, as evidenced by clearly defined goals for each resident. The personal plans detailed the actions and the persons responsible for ensuring goals were met. Daily records in care files documented the supports that staff and key workers provided to residents to address their needs. Plans were regularly reviewed by multidisciplinary teams and changes recorded in the resident's care plan.

There was evidence that residents were supported in transition between services. A document called 'my hospital passport' had been developed for each resident. This contained useful information such as personal details about the resident, aids and assistive devices used, communication needs including how the resident would express pain etc.

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was not satisfied that there were adequate precautions in place in relation to fire.

This centre was opened as a designated centre in recent months. However, staff spoken with were not familiar with the fire procedures. Although staff had undertaken an eLearning course on fire safety this was not centre specific. One staff member was not aware that there was a fire panel while another was not familiar with zoning. The inspector was very concerned as there was a potential risk to residents and therefore spoke to the person in charge requesting that this was addressed immediately. She arranged to provide fire training the same week and also to provide initial instruction to the staff in the interim.

Otherwise the inspector was satisfied that the health and safety of residents, visitors and staff was promoted. There was a Health and Safety Statement in place. There was an active health and safety committee and a monthly health and safety audit of the premises was carried out. The assessments were being updated regularly as risks were identified or changed for residents. Risk assessments were also carried out on the use of staff vehicles to transport residents.

The inspector read the emergency plan and saw it had recently been updated and provided sufficient detail to guide staff in the procedure to follow in the event of an emergency. In addition possible alternative accommodation for residents was specified should evacuation be required.

This centre is part of a larger organisation and the inspector saw that following recent inspections in some of the other centres the organisation's risk management policy was being updated to ensure compliance with the Regulations. Individual risk assessments were also completed for each resident which included a risk assessment as appropriate for possible self harm, absconsion etc. and policies were in place to guide the practice.

All staff had attended training in the moving and handling and a matrix was maintained to identify when additional training was required.

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that measures were in place to protect residents being harmed or suffering abuse.

The policy on the protection of vulnerable adults was satisfactory and guided practice. The inspector found that staff members spoken with had attended training and were knowledgeable with regard to their roles and responsibilities for the safeguarding of residents. Residents stated that they felt safe and secure in the centre and knew what to do if they ever felt they had been mistreated.

The inspector observed staff interacting with residents in a respectful, warm and caring manner and residents and staff communicated freely between each other. A daily record was maintained for each resident and the inspector saw that good detail was maintained with regard to the residents' daily routines, interactions and mood. There was a policy in place guiding the management of behaviours that challenge and there were good systems in place for the management of these behaviours. This included access to the behaviour specialists, psychotherapists, psychologists, a neuropsychiatrist and psychiatrists. Residents had detailed positive behaviour support plans in place where necessary.

A restraint free environment was promoted and no resident was using either bedrails or lapbelts at the time of inspection.

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Judgement:

Non Compliant - Moderate

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

Although there was evidence of good practice the inspector was concerned that individual resident's health needs were not appropriately assessed or met.

The inspector read the care plan of a resident who required his blood pressure and blood sugars to be monitored. Although instructions were available regarding the course of action to take should the levels be outside of a given range, the inspector saw that this guidance was not consistently followed. For example, the inspector saw that the blood sugar which was recorded before breakfast was outside of the accepted range on several occasions but the action specified in the guidance had not been followed. Similarly the inspector saw that the recorded blood pressure on the morning of inspection was outside of the acceptable range but the required measures had not been implemented. Since the inspector found that this could potentially result in negative outcomes for residents it was discussed with the person in charge and social care worker and was being addressed during the course of the inspection.

Otherwise the inspector was satisfied that residents were supported on an individual basis to achieve and enjoy the best possible health. The inspector reviewed some care plans and medical notes and saw that they had access to a general practitioner (GP), to an out of hours GP service and to a range of allied health professionals such as physiotherapists, speech and language therapists (SALT) dieticians, chiropodists, opticians and dental services and those specialists previously mentioned under Outcome 8.

Measures were in place to adequately meet residents' food and nutritional needs. Residents told the inspector that they were involved in planning the shopping list, buying groceries and preparing meals. A range of alternatives were available if a particular resident did not like the meal which was prepared. The inspector found that residents were informed about the importance of healthy eating and were supported to make healthy eating choices where appropriate. Mealtimes were flexible and fitted around residents' social and work life.

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that each resident was protected by the centre's policies and procedures for medication management.

All medications were administered by a social care worker. Each resident's medication was supplied in a blister pack and these were stored in a locked press. No resident was self medicating at the time of inspection. The staff spoken with were very clear of their role and responsibility as regards medication management and confirmed that they had undertaken training.

There was a comprehensive policy in place to guide practice and there was evidence of regular reviews by the medical team. The inspector reviewed the prescription records and medication administration records for a sample of residents and found that this documentation was generally completed and maintained in accordance with the centre's policies and professional guidelines.

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that the quality of care and experience of the residents was monitored and developed on an ongoing basis and that effective management systems are in place that support and promote the delivery of safe, quality care services.

The inspector recently met with the Director of Services and the Director of Operations for the organisation. They outlined the on-going development work to ensure compliance with the Regulations. A working group had been established and a gap analysis completed to benchmark the service against the Regulations and the Standards. A computerised auditing system had been introduced and there was an auditor employed by the provider as part of their quality assurance programme. A structured plan was in place to audit each centre within the company against the Regulations on a quarterly basis while also undertaking the annual review of services.

There was a clearly defined management structure that identified the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. She also had responsibility for four other centres in the locality. She was knowledgeable about the requirements of the Regulations and Standards, and had a very good overview of the health and support needs and personal plans of all the residents. She was clear about her role and responsibilities and about the management and the reporting structure in place in the organisation. The provider had established formal management meetings but line managers could also be contacted by phone or email at any time. There was also a robust on call rota to ensure back up assistance was available should the centre require assistance out of office hours.

Staff spoken with confirmed that resident satisfaction surveys were completed on a yearly basis. In addition a weekly residents' meeting was held. The inspector saw where items discussed included planning menus for the week and the type of activities the residents would like to do in the coming week. The inspector saw where a 'Read me' folder was developed for residents which provided information on various issues such as their rights regarding transport access etc. This was presented in written and pictorial format.

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Judgement:

Compliant

Outstanding requirement(s) from previous inspection:

No actions were required from the previous inspection.

Findings:

The inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services and that all staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The inspector reviewed the staff rosters and staff spoken with confirmed that staffing arrangements were based on the assessed needs of the residents and were sufficient to support and enable residents in their daily routines.

There were safe recruitment systems in place to ensure that staff employed in the centre were suitable to work with vulnerable adults. Staff files were reviewed and it was found that they contained the required documents as outlined in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Records were maintained of staff training. These records showed that in addition to mandatory training staff members attended a range of other training in areas such as behaviours that challenge, first aid and medication management. Certificates of attendance were in the staff files. A large number of eLearning programmes had been developed to ensure that all staff had access to on-going training. Staff spoken with confirmed that there was a range of training available to them.

There were no volunteers in the service at this time.

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

Report Compiled by:

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Regulation Directorate
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Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Nua Healthcare
Centre ID:	ORG-0011287
Date of Inspection:	07 May 2014
Date of response:	26 May 2014

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some staff were not familiar with the fire procedures.

Action Required:

Under Regulation 28 (4) (a) you are required to: Make arrangements for staff to receive suitable training in fire prevention, emergency procedures, building layout and escape routes, location of fire alarm call points and first aid fire fighting equipment, fire control techniques and arrangements for the evacuation of residents.

Please state the actions you have taken or are planning to take:

A training day was arranged in house for the full staff team on the 9th of May 2014. A training sign off sheet was signed by the full-time staff.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

The training covered the following

- Fire Marshall training which covered the following areas
 1. All fire extinguishers location throughout the designated centre.
 2. Types of fire extinguishers and reasons of discharge for same.
 3. Emergency evacuation plans.
 4. How to ensure that all equipment is up to safe standard.
- Fire Panel training
 1. Clearly illustrated the zoned areas.
 2. Demonstration of correct use of fire panel and how to ensure that the fire panel is checked and in complete working order.

Proposed Timescale: 09/05/2014

Outcome 11. Healthcare Needs

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Individual resident's health needs were not consistently appropriately assessed or met.

Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

Please state the actions you have taken or are planning to take:

A protocol has been put in place specifically for an individual resident in relation to his health needs. All staff have been informed of this at the team meeting on the 21.5.2014.

As part of the training day on the 9.5.2014 the team received training on Diabetes and Blood Pressure Monitoring by nursing staff.

The house manager is to keep person in charge informed through their weekly reports that follow through on health monitoring is taking place. The person in charge will complete spot checks throughout the month in relation to follow through on health monitoring needs.

Proposed Timescale: 21/05/2014