

**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 Services
Centre ID:	OSV-0003397
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare Services
Provider Nominee:	Noel Dunne
Lead inspector:	Sheila Doyle
Support inspector(s):	Conor Dennehy;
Type of inspection	Announced
Number of residents on the date of inspection:	8
Number of vacancies on the date of inspection:	1

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, 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 25 February 2015 10:00 To: 25 February 2015 19:00

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

As part of the inspection, inspectors met with residents, relatives and staff members. Inspectors observed practices and reviewed documentation such as personal plans, medical records, accident logs, staff files, policies and procedures.

Interviews were also carried out with the person in charge, the regional manager and staff members. Inspectors had interviewed the person authorised to act on behalf of the provider at an inspection three weeks previously.

Overall, inspectors were satisfied that residents received a quality service. There was evidence of a substantial 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. Inspectors were satisfied that residents' social and health needs were met.

Recruitment practices and procedures were robust and inspectors saw that all staff had received their mandatory training. The health and safety of residents and staff were promoted and protected and fire procedures were robust

Inspectors found that staff spoken with were very knowledgeable about the residents in their care. Relatives spoken with were very complimentary about staff and confirmed that staff kept contact with them as required. One relative who outlined the improvements in her son's condition, described it as 'a dream come true' to have her son in this centre.

The health and social needs of residents were met to a high standard. Residents had access to specialist services, general practitioner (GP) services, to a range of other health services and evidence-based nursing care was provided. However further work was required to ensure that interventions to meet resident's assessed needs were set out in individual care plans. Medication practices in relation to the return of unused medication also required improvement.

The other improvement required related to the reporting of incidents to the Authority. These are discussed further in 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, 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.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors found that the rights, privacy and dignity of residents were promoted and residents' choice encouraged and respected.

Inspectors saw that there was a residents' forum which met on a weekly basis. Residents were asked what they would like to include on the agenda and inspectors saw that this included discussions on menus and planned activities. Inspectors saw where issues that had been brought up by residents had been addressed. For example one resident did not like to miss some of her favourite day time programmes when she was out of the centre and inspectors saw that advice and assistance were given regarding setting these to record.

A residents' rights booklet had been developed in an easy read format and inspectors saw that this was also discussed at key working sessions and the residents' forum meetings.

Inspectors reviewed the complaints policy and found it described in detail how to make a complaint, who to make the complaint to and the procedure that would be followed following receipt of a complaint. It had recently been updated and contained details of the nominated person available to ensure that all complaints are appropriately responded to and records maintained. An easy read version of the complaints procedure was on display in the centre and this version contained the information required.

Residents and relatives have access to an advocacy service.

Judgment:
Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that residents were supported and assisted to communicate in accordance with residents' needs and preferences.

A document entitled 'a communication passport' had been developed for some residents. This was person centred and written in the first person. It outlined areas such as 'my family', 'how I communicate' and 'things I like'.

Staff were aware of the communication needs of all residents and inspectors observed staff and residents communicating freely. Residents' communication needs were identified in the personal planning documentation and supports were identified where needed. This included access to the services of the speech and language therapist and presenting information in pictorial format if helpful. Easy read versions of some documents had also been developed.

Judgment:
Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:
Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that staff supported residents to maintain contact with their families. Families were encouraged to visit and stay for a meal or a snack with the residents.

Inspectors saw where regular frequent contact was maintained between the staff and the relatives when residents so wished. One relative described how she could ring at any time and staff would contact her to keep her up to date.

Inspectors found that staff facilitated visits with family members outside of the centre. Transport and escort services were provided when required.

Inspectors saw that residents were encouraged to develop links with the wider community as far as possible. For example some residents attended the snooker hall while another resident was actively involved in the local church which she said was very important to her.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The admissions process was in accordance with the Statement of Purpose and contracts for residents were in place.

Inspectors read an admissions policy dated January 2015 which outlined the process in admitting a new resident. It was found that the process described was in accordance with the admission process as outlined in the Statement of Purpose. Staff spoken to were knowledgeable about this policy and their own roles in the overall admissions process.

Contracts for residents were in place and these were also available in easy read formats. Records of meetings between residents and their keyworkers showed that issues relating to contracts had been raised and discussed.

Judgment:

Compliant

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

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that the care and support currently provided to residents sufficiently reflected their assessed needs and wishes although some improvement was required to ensure that residents' assessed needs were set out in individual care plans to include the interventions and supports required.

Inspectors read a sample of care plans and saw that in some cases a specific care plan was not in place to address the assessed needs. For example, a resident had been reviewed by a dietician and recommendations had been made regarding the type of diet etc. Inspectors spoke to staff and noted that they were aware of the recommended diet and the inspectors saw that this was provided at meal times. However there was no care plan in place outlining the recommended interventions to be implemented. Inspectors were satisfied that nutritional care was well managed but this was not documented.

Otherwise inspectors found that residents' care needs were identified and plans were put in place with the residents to address those needs. Where possible residents or relatives had signed to confirm that they were involved in the development of their plans and in regularly reviewing them with their key worker. Daily records were also maintained of the how the residents spent their day. Key workers were assigned and inspectors saw evidence that goals and aspirations were described and plans put in place to meet those. Inspectors saw evidence that three monthly reviews were completed with involvement of the resident or their representative the key worker and the team leader. In addition annual reviews were completed.

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.

There was an extensive range of activities available to the residents both in the centre and out in the community. Transport was available within the centre. A daily plan was devised for each resident, some in pictorial format, and inspectors saw that this included trips to the shops, community activities, swimming and visits to the gym. Staff confirmed that this changed depending on the wishes of the residents each day.

Judgment:

Substantially Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that the premises were designed and laid out to meet resident's individual and collective needs in a comfortable and homely way.

This is a large centre but had been divided into three separate areas. The first living area is located in the centre of the house and consists of four bedrooms each with en suite facilities. There is also a large sitting room and a kitchen/dining room.

There is a one bedroom apartment which consists of a kitchen/dining/sitting area, an en suite bedroom and a staff bedroom.

The third living area is located to the rear of the house and consists of four bedrooms with en suite facilities, a sitting room and a kitchen cum dining room. There is also a staff sleepover room.

Service Users can also access both the back and side gardens for recreational use. Staff discussed plans to develop this further including providing additional equipment such as a trampoline. There is ample parking to the front and side of the building.

There is a lift available for individuals who may need assistance to go access both floors. A sensory room is available for residents.

There were two staff offices and all files etc. were securely stored in these.

Laundry facilities were available in the large well equipped utility room and residents could attend to their own laundry if they wished. The organisation has its own maintenance department and the person in charge stated that any maintenance requests were attended to promptly by the provider.

All areas of the centre were clean and well maintained. Staff discussed further efforts underway to make the corridors and hall areas more homely.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management

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

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The health and safety of residents, visitors and staff was provided for within the designated centre.

Inspectors reviewed a risk management policy dated January 2015 which met with the Regulations' requirements. A health and safety statement was also in place and centre specific risks had been assessed with measures and actions to control such risks identified. Individual risk assessments for all residents had been performed on generic and resident specific risks.

Two fire drills had already taken place in 2015 and maintenance checks on the fire alarm, emergency lighting and fire extinguishers had been carried out. Fire orders were on display throughout the centre while fire exits were unobstructed. An emergency plan was in place which outlined the steps to be taken in the event of a number of emergencies such as fire, flooding or loss of power taking place.

All staff had undergone fire training within the last 12 months and manual handling training was up to date.

Judgment:
Compliant

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

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that measures were in place to protect residents being harmed or suffering abuse.

There was a policy in place on the prevention, detection and response to abuse and staff had received training. An eLearning programme had been developed to ensure that all staff had access to this training. Staff spoken with and the person in charge outlined the procedures they would follow should there be an allegation of abuse.

Inspectors saw that residents were provided with emotional, behavioural and therapeutic support that promoted a positive approach to behaviour that challenges. 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.

Comprehensive assessments were completed using recognised tools. Residents had detailed multi element support plans in place where necessary. Inspectors found that they were based on multi-disciplinary input and were of good quality. Possible triggers were identified and specific interventions listed. Possible interventions documented included ball rolling, distraction, sitting and listening. Staff members were aware of the content of these plans and were aware of the need to update them as residents' needs changed. Inspectors noted that any episode was analysed and plans put in place to minimise reoccurrence.

A restraint free environment was promoted.

Judgment:

Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The person in charge was aware of her responsibilities to notify the Chief Inspector of certain events but one unplanned evacuation had not been notified.

While reviewing the General Fire Register it was observed that an unplanned evacuation of residents and staff from the designated centre had taken place on 10 July 2014 following a fire alarm activation. However this had not been notified to the Chief Inspector as required under the Regulations.

Judgment:

Substantially Compliant

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors found that the general welfare and development needs of residents were promoted.

Residents were supported by staff to pursue a variety of interests, including shopping, swimming and horse riding. Inspectors also saw that residents did not always wish to attend and their choice was respected. Care plans and daily records documented the type and range of activities that they were involved in.

Inspectors also saw that various training programmes and educational activities were available for the residents as appropriate. An outreach manager was employed by the organisation and he assisted residents to find suitable employment through the outreach

programme. One resident was due to start the European Computer Driving Licence (ECDL) course as a stepping stone to completing a Computer Aided Design (CAD) course. He told inspectors he was very interested in this and was looking forward to undertaking the course.

One resident was undertaking a health and safety course with a plan to work in a garage while another told inspectors that she was looking forward to working in a clothes shop. Staff discussed the various options available to residents both mainstream and specialised such as access to lifelong learning courses provided by the organisation and courses available through the day services. These included cookery, computers and personal care.

Judgment:
Compliant

Outcome 11. Healthcare Needs

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

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that residents' health needs were regularly reviewed with appropriate input from multidisciplinary practitioners where required.

Inspectors reviewed some residents' 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.

Inspectors read where referrals had been made to various health professionals. Review notes were completed and recommendations taken on board.

Health monitoring documentation was completed and this included regular checks of blood pressure, pulse and temperature.

Inspectors were satisfied that residents' nutritional needs were met to an acceptable standard. Weights were recorded on a monthly basis or more frequently if required. The menu choices were on display. Photographs had been taken of various meal choices and these served as a reminder for residents. Staff volunteered more appropriate choices when healthy eating was encouraged.

Judgment:
Compliant

Outcome 12. Medication Management

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

Theme:
Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Although there were examples of good practices inspectors were concerned regarding the system for the return of unused medication.

Inspectors reviewed the system for the return of medication including those that require strict control.

The system in place was that a list was made by the centre and the drugs were placed in a pharmacy bag. These then went to a central point and were collected by the pharmacy on a given day. However at the time of inspection, inspectors saw that a substantial number of drugs that require strict controls medications were being returned to pharmacy. There was no system in place to ensure they were secured during transport nor was there a system in place to ensure that the receiving pharmacist confirmed that the medications were in fact received there.

Otherwise, having reviewed prescription and administration records, inspectors were satisfied that appropriate medication management practices were in place.

A full check was carried out when the medications were delivered from the pharmacy including ensuring that the supply received matched the prescriptions. Support and advice was also available from the supplying pharmacy.

Staff had attended training and were knowledgeable as regards medication management. Frequent audits were carried out. Action plans were in place to address any errors noted. For example inspectors saw that some staff had attended retraining to ensure they were familiar with administration requirements and frequent checks were carried out to ensure compliance.

Judgment:
Non Compliant - Moderate

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A Statement of Purpose was in place that accurately described the service that is provided in the centre.

Inspectors reviewed the Statement of Purpose in the designated centre and found that it described the designated centre and the facilities and services provided to residents. This Statement of Purpose was clearly demonstrated in practice.

Judgment:

Compliant

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

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

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

Inspectors previously met with the Director of Services and the Director of Operations who 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. Resident satisfaction surveys were completed as part of this work and the results were presented to staff and residents. Visual aids were used to assist residents' understanding. A structured plan was in place to audit each centre within the organisation 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 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 under the Regulations. During the inspection she demonstrated her knowledge of the Regulations and the Standards and outlined plans in place to further improve the service.

The person in charge told inspectors that she received regular support from her line manager. 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.

Judgment:
Compliant

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:
Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. Adequate deputising arrangements were in place.

Judgment:
Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors found that sufficient resources were provided to ensure the effective delivery of care and support in accordance with the statement of purpose.

Staff spoken with confirmed that adequate resources were currently provided to meet the needs of the residents. The centre was maintained to a good standard and had a fully equipped and stocked kitchen. Maintenance requests were dealt with promptly. Staff confirmed that transport was available to bring residents to their homes, the various activities and to social occasions.

Judgment:

Compliant

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

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

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

Extensive work had been undertaken to ensure that all staff files contained the required information. Inspectors examined a sample of staff files and found that all were complete. There were no volunteers attending the centre at this time.

The provider and person in charge promoted professional development for staff and were committed to providing ongoing training to staff. A training matrix was maintained. Training records showed that extensive training had been undertaken and staff spoken with confirmed this. A training plan was in place and inspectors confirmed that all staff had attended the mandatory training. Additional training was also provided including first aid, epilepsy, the management of behaviours that challenge and medication administration.

Monthly supervision meetings were carried out with each staff member to monitor performance and identify any additional training needs.

Judgment:
Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:
Use of Information

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that the records listed in Part 6 of the Regulations were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval as required by the Regulations. The person in charge was aware of the periods of retention for the records which were securely stored.

The designated centre had in place the written operational policies required by Schedule 5 of the Regulations. Adequate insurance cover was also in place.

Inspectors read the residents' guide and found that it provided detail in relation to all of the required areas. This document described the terms and conditions in respect of the accommodation provided and provided a summary of the complaints procedure.

The directory of residents was up to date.

Judgment: Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Sheila Doyle
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

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 Services
Centre ID:	OSV-0003397
Date of Inspection:	25 February 2015
Date of response:	13 March 2015

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, 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

In some cases, a specific care plan was not in place to address the assessed needs of a resident.

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

Action Required:

Under Regulation 05 (8) you are required to: Ensure that each personal plan is amended in accordance with any changes recommended following a review.

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

Individualised food and nutrition plan will be developed where required. It will be implemented to address all dietary requirements or requirements as directed by Dietician. All actions will be incorporated from recommendations provided by professionals will be updated into specific health action plans.

Proposed Timescale: 01/04/2015

Outcome 09: Notification of Incidents

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Not all notifiable incidents had been notified to the Chief Inspector.

Action Required:

Under Regulation 31 (1) (c) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any fire, any loss of power, heating or water, and any incident where an unplanned evacuation of the centre took place.

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

PIC will ensure that all notifications are completed in line with the regulations. The Regulatory body will be informed of all notifiable incidents within the required timeframe

Proposed Timescale: 13/03/2015

Outcome 12. Medication Management

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

The system for the return of unused medication was not sufficiently robust.

Action Required:

Under Regulation 29 (4) (c) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national

legislation or guidance.

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

The organisation Policy has been reviewed and updated to ensure the process for returning medication is sufficiently robust.

All medication being returned to allocated pharmacy/provider must be counted and recorded. The Meds returned to Pharmacy Form must be completed and signed by two staff prior to leaving the centre. All returned medication must be left into the Clinical Department every week for collection by allocated pharmacy/provider. When staff are dropping off the returned medication in the clinical department, an identified member of staff from the clinical department must count and also sign the meds returned to Pharmacy Form to confirm the returned medication documented. Finally, staff from the allocated pharmacy/provider must count and sign the meds returned to pharmacy/provider form on collection of all returned medications. Each centre must hold a copy of the meds returned to pharmacy/provider form signed by all of the individual's outlined above.

Proposed Timescale: 13/03/2015