

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Nua Healthcare Services
<b>Centre ID:</b>	OSV-0003381
<b>Centre county:</b>	Laois
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Nua Healthcare Services
<b>Provider Nominee:</b>	Noel Dunne
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector(s):</b>	Conor Dennehy
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	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, 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 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
10 March 2015 10:00	10 March 2015 17:00
11 March 2015 10:00	11 March 2015 15:30

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 and staff members. Inspectors observed practices and reviewed documentation such as personal plans, medical records, accident logs, policies and procedures. Inspectors also reviewed questionnaires submitted to the Authority’s Regulation Directorate.

As part of the registration process, an interview was carried out with the person in charge and the regional manager who had previously been interviewed for her role in another centre. Inspectors also spoke briefly with the person authorised to act on behalf of the provider who was previously interviewed for this role. Interviews were

recently carried out with the Director of Operations and the Director of Services at the organisation's head office.

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.

Inspectors found that a committed team of staff provided care in sometimes difficult circumstances and that the team received support from a suitable person in charge.

Improvements required related to some aspects of the documentation of care, the management of notifications, training in relation to safeguarding residents and the management of residents' finances. These are discussed further in the report and included in the Action Plan at the end.

**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 was promoted and residents' choice encouraged and respected although some improvement was required to the documentation relating to the management of residents' finances.

The centre managed some residents' monies. Individual locked boxes were provided and details of all transactions and receipts were maintained. Inspectors checked the balances and found them to be correct. However although the policy in place required two signatures, most transactions had only one staff member's signature verifying the transactions. Inspectors believed that the system should have been more robust and would benefit from adherence to the policy in place.

Residents were consulted with and participated in decisions about their care and about the running of the centre. Inspectors saw where issues were regularly discussed with residents. Actions required were completed. For example inspectors saw where recommendations by the residents regarding menu choices had been addressed.

Inspectors observed numerous interactions between residents and staff that were respectful and caring and were delivered ensuring that the dignity and privacy of the resident was maintained. Staff had an in-depth knowledge of the preferences of the residents and this was supported by information in the care plans and entered into the daily records.

The centre had a complaints policy and procedure and inspectors noted that it met the requirements of the Regulations. In addition the complaints' procedure was clearly

displayed in a prominent position in an easy read format. On reviewing the complaints' logs inspectors noted that a minimal number of complaints had been received and were managed in accordance with the policy. Staff spoken with were familiar with the policy.

**Judgment:**

Substantially 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.

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 presenting information in pictorial format if helpful. Easy read versions of some documents had been developed including what is safeguarding, rights and hospital stays. Pictorial information was also available on various activities such as visiting the doctor.

Some residents were undertaking computer courses and all had access to a mobile phone as appropriate.

**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 spoke to some residents and reviewed the questionnaires submitted to the Authority. Inspectors were satisfied that families and friends were encouraged to get involved in the lives of the residents.

Residents told inspectors that staff always helped them to maintain contact with their families. One resident said she was heading out with staff that day to visit her mother. Regular frequent contact was also maintained between the staff and the relatives when residents so wished.

Inspectors saw that residents were encouraged to develop links with the wider community. Residents attended various community activities such as bingo and swimming.

**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 admissions process as outlined in the Statement of Purpose was in accordance with the process detailed in the policy. Staff spoken to were knowledgeable about the overall admissions process and described some of the actions taken to make new residents familiar with their new living arrangements.

Contracts for the provision of services were in place for all residents and these were also available in easy read formats.

**Judgment:**

**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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Although there was ample evidence of good practice, inspectors were not satisfied as some personal plans did not contain sufficient detail to guide practice. This was an issue also identified at the previous inspection.

On reviewing a sample of personal plans, in the main, inspectors found that the residents' care needs were identified and plans were put in place with the residents to address those needs. Daily records were maintained of how the residents spent their day. A key worker was assigned to each resident and inspectors saw evidence that goals were described and plans put in place to meet those.

However inspectors identified some information which had not been kept up-to-date or amended to reflect the changing needs or wishes of the resident. For example, inspectors saw that a care plan for the management of a resident's diabetes was not resident specific and did not take into account the resident's wishes. A similar issue was noted in a personal plan relating to behaviour that challenges. Although the needs and behaviours had changed the care plan had not been update to reflect this.

The personal plans contained important information about the residents' life, their likes and dislikes, their interests, details of family members, circle of support and other people who are important in their lives. 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 workers.

There was evidence that residents were supported in transition between services. A hospital passport had been developed to ensure that relevant information was available should a resident be admitted to a general hospital. This contained information such as medications, previous history, likes and dislikes and other important information.

There was an extensive range of activities available to the residents. Most residents



attended day services provided locally. Other activities included trips to the shops, bingo and cinema and outings to the local parks and gardens.

**Judgment:**

Non Compliant - Moderate

**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 found that the centre was fully accessible, suitable and safe for the number of residents living there. The centre was warm, homely and well maintained.

The centre was divided into two single apartments and two additional single en suite bedrooms. One apartment was equipped with a kitchenette, a sitting room, an en suite bedroom and a separate bathroom. The other was somewhat similar but had an additional relaxation room and activity room. Both had their own secure garden areas with a third area available for the remaining residents.

Some residents showed their room to inspectors. One resident told inspectors how she had chosen some of the colour schemes and helped with the painting. Some had personalised their rooms with posters and family pictures.

There was a well equipped kitchen cum dining room with a separate utility room. The organisation has its own maintenance department and the person in charge stated that any maintenance requests were attended to promptly by the provider.

An area was set aside for a staff office and a separate sleep over area for staff. All files etc. were securely stored there.

Adequate parking was available to the front and side of the building.

**Judgment:**

Compliant

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**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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**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 also been performed.

The fire equipment within the centre, including the fire alarm system, was regularly serviced. Fire orders were on display throughout the centre while fire exits were unobstructed. Fire drills were carried out on a regular basis and staff spoken to were knowledgeable about what to do in the event of a fire alarm activation. All staff had undergone fire training within the last 12 months.

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. This plan also provided for alternative accommodation if necessary. Infection control procedures within the centre were satisfactory and all staff had undergone manual handling training.

**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 not satisfied that sufficient measures were in place to protect residents being harmed or suffering abuse. On reviewing the training records it was noted that one staff member had not received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse as required by the Regulations.

Otherwise inspectors were satisfied that the remaining staff had attended the training. An eLearning programme had been developed and there was a policy in place. 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. Inspectors 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 inspectors saw that detailed accounts were maintained with regard to the residents' daily routines, interactions and mood.

Other than the issues relating to incomplete documentation discussed under outcome 5, inspectors were satisfied that 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 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 although some restrictive practices were observed, inspectors saw that they were used as a last resort and following risk assessment and the usage was guided by a robust policy.

**Judgment:**

Substantially 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:**

A number of injuries and other incidents had not been notified to the Chief Inspector.

The provider had a policy detailing how notifications to the Chief Inspector were to be made. This policy was in operation within the designated centre and was being followed by staff. However it was clear that the process outlined in this policy was not satisfactory. As a result the Authority had not been made aware of a number of notifiable events as required under the Regulations.

Inspectors reviewed incident reports within the designated centre. Although some of the incidents recorded involved injuries to residents and were clearly marked as requiring notification to the Authority a number of these injuries had not been notified as indicated.

In addition, on reviewing fire log records, inspectors noted two activations of fire equipment and two loses of power during 2014 which the Chief Inspector had not been informed of.

**Judgment:**

Non Compliant - Major

**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 computers, cookery and outings. Most residents attended the various day services and workshops. One resident told inspectors how she was enjoying the cookery courses and had made some mushroom soup the previous week.

A weekly planner was devised with each resident and their key worker. 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.
<b>Judgment:</b> 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):**  
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**  
Inspectors were satisfied that residents' health needs were regularly reviewed with appropriate input from multidisciplinary practitioners where required. Previous action regarding inconsistencies and gaps in the documentation relating to weight management had been addressed.

Inspectors reviewed some care plans and medical notes and chatted with various members of staff. They were satisfied that residents have access to a general practitioner (GP), to an out of hours GP service and to a range of allied health professionals. Residents also had access to those specialists previously mentioned under Outcome 8.

Inspectors were satisfied that residents' nutritional needs were met to an acceptable standard. Weights were recorded when required and nutritional assessments were undertaken. Inspectors saw evidence of review by a dietician with additional reviews also scheduled.

**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:**

Inspectors were satisfied that each resident was protected by the centre's procedures for medication management. Having reviewed prescription and administration records and procedures for the storage of medication, inspectors were satisfied that appropriate medication management practices were in place.

Inspectors noted that the medication management policy was recently updated to reflect more robust systems introduced for the return of unused and out of date medications. Staff spoken with were familiar with these changes.

Medications that required strict control measures (MDAs) were carefully managed and kept in a secure cabinet. A register of MDAs was maintained. The stock balance was checked and signed by two staff members at the change of each shift. Inspectors checked a sample of balances and found them to be correct.

The staff spoken with were very clear of their role and responsibility as regards medication management and confirmed that they had undertaken training including practical competency assessments.

**Judgment:**

Compliant

**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:**

The centre had a Statement of Purpose in place that accurately described the service provided.

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 are 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. 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. Inspectors saw evidence that this was taking place.

Frequent in house audits were also completed on areas such as documentation and medication. Inspectors saw that the results of these were used to improve practice. For example inspectors saw that it had been identified that additional space was required on the medication administration record to ensure clarity. This was now being sourced for use within the organisation.

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. He 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. He was clear about his role and responsibilities and about the management and the reporting structure in place in the organisation. Inspectors saw that he was well known to the residents and staff spoke highly about the amount of support he provided to the team.

The person in charge told inspectors that he received regular support from his line

manager. The person in charge was clear about the various roles and responsibilities of staff. 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 on family visits, day services, 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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**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.

Inspectors examined a sample of staff files and found that they met the requirements of the Regulations. Improvement previously required relating to staff files had been completed.

Inspectors 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.

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 and a training matrix was maintained. 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.

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

There were no volunteers in the service at this time.

**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 which had recently been updated 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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Nua Healthcare Services
<b>Centre ID:</b>	OSV-0003381
<b>Date of Inspection:</b>	10 and 11 March 2015
<b>Date of response:</b>	30 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 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

Residents' finances were not consistently managed in line with the centre's policy.

**Action Required:**

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and

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

possessions and, where necessary, support is provided to manage their financial affairs.

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

Daily checks are now in place to ensure double signing is being completed for resident's finances. The PIC has overall responsibility to ensure resident's finances are in line with the centre's policy.

**Proposed Timescale:** With immediate effect from 16/03/2015.

**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:**

Some personal plans did not contain sufficient detail to guide practice.

**Action Required:**

Under Regulation 05 (1) (b) you are required to: Ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.

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

All actions from resident's health action plan are to be included in their Personal Plan. The Nurse and PIC of the designated centre to liaise with the key-workers to ensure all health actions are incorporated within the individualised Personal Plans as per Regulation 5 of the Standards.

**Proposed Timescale:** 10/04/2015

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

One staff member had not received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse as required by the Regulations.

**Action Required:**

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

The Staff member who had not completed the training completed training by the 16/3/2015. Human Resource Department and PIC will ensure all staff are trained in

relation to safeguarding residents in the prevention, detection and response to abuse prior to commencing work in Centre.

**Proposed Timescale:** 16/03/2015

### **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 losses of power were notified.

**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:**

All loss of power will be notified to the Chief Inspector moving forward, the PIC has overall responsibility to ensure all notifications are reported in line with the centres policy.

**Proposed Timescale:** 16/03/2015

**Theme:** Safe Services

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

Two unplanned activations of the fire alarm had not been notified

**Action Required:**

Under Regulation 31 (3) (b) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which the fire alarm equipment was operated other than for the purpose of fire practice, drill or test of equipment.

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

All unplanned activations of the fire alarm will be notified to the Chief Inspector moving forward, the PIC has overall responsibility to ensure all notifications are reported in line with the centres policy.

**Proposed Timescale:** 16/03/2015

**Theme:** Safe Services

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

Ensure that all injuries to residents are notified to the Chief Inspector.

**Action Required:**

Under Regulation 31 (3) (d) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any injury to a resident not required to be notified under regulation 31 (1)(d).

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

The PIC will ensure all quarterly notifications relating to injuries as per section 31(3)(d) of the regulations are detailed and accurate with the designated centre and are notified to the Chief Inspector within the required timeframe.

**Proposed Timescale:** 16/03/2015