



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

## Issued by the Chief Inspector

Name of designated centre:	The Meadows
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	10 November 2021
Centre ID:	OSV-0003384
Fieldwork ID:	MON-0034753

## About the designated centre

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

The service provider had produced a statement of purpose which outlined the services provided within this centre. The centre is managed by Nua Healthcare Services and aims to provide 24-hour care to adults both male and female with an intellectual disability. The centre comprises of a large bungalow which provides accommodation for four residents, and a one bedroomed self-contained apartment attached to the main house where one resident resides. In the main house residents have access to a large kitchen come dining room, a large sitting room, a conservatory and a utility room with a WC. Each resident has their own bedroom some of which have an ensuite bathroom and walk in wardrobe. The self-contained apartment has a kitchen come living room, a bathroom and a bedroom. The centre is located in a rural setting in Co. Kildare and residents have access to a number of vehicles in order to access activities in their local communities. Residents are supported a team consisting of a person in charge, two deputy team leaders, and a number of social care workers and assistant support workers.

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

Number of residents on the date of inspection:	5
--	---

## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 10 November 2021	9:30 am to 3:00 pm	Marie Byrne	Lead

## What residents told us and what inspectors observed

Overall the findings of this inspection were that residents were living in a warm, clean and comfortable home where they were supported by a staff team who were familiar with their care and supported needs and motivated to ensure they were happy and safe in their home. The provider was recognising residents' changing needs and where necessary taking appropriate steps to ensure they could support them in line with these changing needs. This inspection was unannounced and completed following receipt of unsolicited information in the form of a concern to the Office of the Chief Inspector.

As the inspection was completed during the COVID-19 pandemic, the inspector of social services adhered to national best practice and guidance with respect to infection prevention and control, throughout the inspection. The time spent with residents and staff, was limited and done in line with public health advice. There were five residents living in the centre; however, one resident was in hospital at the time of the inspection. Staff were visiting and supporting this resident daily during their hospital stay.

The inspector had the opportunity to meet and briefly engage with the four resident who were home during the inspection. Throughout the inspection they were each observed to appear happy, content and comfortable in their home and in the presence of staff. On the morning of the inspection residents were supported to get up and have breakfast at a time that suited them. During the morning the inspector met three residents relaxing in the sitting room after their breakfast. They were making plans for the day, which included walks, drives and going shopping. One resident was talking to staff about what television programme they were looking forward to watching. Another resident was having a rest in the conservatory after doing a workout on their exercise bicycle. They told the inspector they were happy and talked about their plans to go out for a nice walk with staff.

Both the main house and the self-contained apartment were found to be warm, clean and homely during this unannounced inspection. Residents had access to ample communal and private spaces in their home and to a large front and back garden. There was a trampoline and swing available in the front garden and some raised beds for planting vegetables at the back of the house. The self-contained apartment also had a separate secure garden space. Residents' bedrooms were personalised to suit their tastes and they were being supported to access furniture and other equipment in line the recommendations of health and social care professionals.

Residents' meetings and key worker meetings were occurring regularly. From a review of a sample of residents' keyworker sessions, residents and their keyworkers were discussing areas such as rights, personal plans, activities, menus, restrictive practice, and restrictions relating to the COVID-19 pandemic and how they would impact them. Resident's had daily planners which showed activities they were

enjoying both at home and in their local community. Picture planners were available for some residents to support them to pick which activity they would like to engage in.

There was information on display in an easy-to-read format in relation to the availability of advocacy services, the complaints process and residents' rights. One resident had sought the support of an independent advocate during the pandemic, and had met with an advocate by video conference and in person. Each resident had a complaints log in their personal plan and there was a picture of the local complaints officer on display in the centre. The inspector reviewed a sample of complaints and compliments in the centre. For the complaints reviewed it was evident the provider was using their policy and procedures to move through the complaints process. There were a number of compliments from residents' representative in 2020 and 2021 in relation to residents' care and support and the hard work of the staff team in the centre.

Residents had recently completed satisfaction survey in relation to the centre and their care and support. In these surveys they indicated they had been living in the centre for between one and 10 years and that they were happy with the warmth and comfort in the centre, their opportunities to interact with other residents and visitors, their access to outdoor spaces, their access to activities, food and mealtimes, how their rights are respected, staff supports and the complaints process in the centre. One resident indicated in their survey that they would like a swing in the garden, and this had been sourced and was now in the front garden. Residents also indicated in their surveys that they were "happy" and felt "safe" in the centre, with one resident saying they "wouldn't like to change anything", and another resident saying "I love living in the meadows".

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

## Capacity and capability

Overall the findings of this unannounced inspection were that residents were busy doing things they enjoyed and that they were being supported by a staff team who were familiar with their care and support needs. The provider was recognising residents' changing needs and being responsive to ensure they could meet their needs. They had recently made an application to secure funding for additional support hours and were planning to change shift patterns to ensure sufficient numbers of staff both day and night to meet residents' support needs.

The centre was resourced in line with the statement of purpose and there was a clearly defined management structure. There were systems in place to monitor the quality of care and support for residents including centre specific audits, an annual review of care and support by the provider, and six monthly reviews by the provider.

There was evidence that the actions from these audits and reviews were bringing about positive outcomes for residents in relation to their care and support, and in relation to their home.

The inspector found that there were systems in place to ensure there was adequate oversight of care and support for residents in the centre. The person in charge was on leave on the day of the inspection and one of the deputy team leaders and the director of operations facilitated the inspection. The deputy team leader was not counted in staffing numbers on the day of the inspection and was monitoring care and support for residents and available to support residents and the staff team, should they require any assistance. Staff who spoke with the inspector were knowledgeable in relation to residents' needs and preferences and stated they were well supported by the local management team. Kind and caring interactions between residents and staff were observed throughout the inspection. Staff were observed to pick up on residents' communication cues and to respond appropriately. From reviewing documentation and speaking with staff it was evident that they were working with residents to develop their goals and life skills and to ensure they were choosing how and where they wished to spend their time. Overall, staff were accessing training in line with the organisation's policy and residents' assessed needs.

Residents were protected by the complaints policies, procedures and practices in the centre. There was a nominated complaints officer and their picture was on display in the centre. Complaints procedures were available in the centre and discussed regularly at residents' and keyworker meetings. There was a complaints log which contained the status of complaints, and the actions taken. Consideration was given to the satisfaction level of the complainant and this was recorded. There was an open complaint at the time of the inspection and the provider was in the process of working through the steps in their complaints procedures.

### Regulation 16: Training and staff development

Staff were in receipt of training in line with the organisation's policies and procedures. In addition, staff had completed a number of trainings in line with residents' assessed needs. Two new staff required epilepsy awareness training, but were booked on this course in November 2021.

Judgment: Compliant

### Regulation 23: Governance and management

The management structures were clearly defined and staff had specific roles and responsibilities. The person in charge was on leave on the day of the inspection and

there were suitable oversight arrangements in place. A deputy team leader was on duty in their absence and was supported by a director of operations who was also familiar with residents' care and support needs.

The provider was completing six monthly and annual reviews of care and support in the centre and identifying areas for improvement. A number of audits were also being completed regularly by the staff team.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

There had been no new admissions to the centre since the last inspection. The provider had policies and procedures in place for admissions, transitions and discharges, which were also outlined in the centre's statement of purpose. Each resident had a contract of care in place which outlined the services to be provided in the centre.

There were clear procedures in place should residents' needs change and should they require a different placement where their care and support needs could no longer be met in this centre. These procedures included consultation with the resident, their representatives, and the relevant members of the multidisciplinary team.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose contained the required information and had been reviewed in line with the time frame identified in the Regulation.

Judgment: Compliant

### Regulation 34: Complaints procedure

There were complaints policies and procedures in place, including an easy-to-read version. Residents and their families were made aware of the process and there was a nominated person to deal with complaints. There was a complaints log in place for each resident. From reviewing a sample of complaints, it was evident that the provider had followed their policies and procedures and had recorded each step in



the process, including recording the satisfaction level of the complainant.

There was one open complaint at the time of the inspection, and from the records reviewed not all steps of the process had been exhausted and the provider was found to be following their policies and procedures. A satisfactory resolution had not been reached at the time of the inspection as the complainant was not satisfied with the provider's response to the complaint.

Judgment: Compliant

## Quality and safety

The inspector found that the governance and management arrangements in the centre were ensuring that residents were in receipt of a good quality, person-centred and safe service. The provider was identify and responding to areas that required improvement. Residents lived in warm, clean and comfortable home and they were supported to make choices in their day-to-day lives, including how and where they spent their time.

The house and apartment was well maintained and any areas where repairs were required had been reported and were due to be completed. Residents had access to private and communal spaces in the centre and they had plenty of storage for their personal items. In line with their changing needs residents were supported to access appropriate furniture and equipment to ensure their safety in their home.

Residents were protected by the policies, procedures and practices relating to infection prevention and control. The provider had adapted their polices and procedures and developed contingency plans for use during the COVID-19 pandemic. The premises was clean and there were systems in place to ensure that each area of the house and apartment were cleaned regularly. There was personal protective equipment (PPE) available and systems in place to order more as required. Staff had completed a number of infection prevention and control related trainings. Residents were being kept up-to-date in relation to COVID-19 and how the levels of restrictions would impact on their lives.

Residents were being supported to enjoy best possible health. They had their healthcare needs assessed and care plans were developed and reviewed as required. They were accessing the relevant health and social care professional in line with their assessed needs and staff who spoke with the inspector were aware of residents' assessed needs. Care plans were clearly guiding staff to support residents and the recommendations of health and social care professional were being implemented. Assessments, healthcare plans and individual risk management plans were being updated in line with residents' changing needs.

There were a high volume of restrictive practices in the centre but these were being reviewed regularly to ensure they were the least restrictive for the shortest duration

and the inspector was informed that further restriction reductions were planned in the centre. From reviewing a sample of incident reports where restrictive practices were used, it was evident these restrictions were used in line with residents' support plans and as a last resort following the implementation of proactive and reactive strategies. Residents had support plans developed as required and were supported by the relevant health and social care professional in line with their assessed needs.

Residents were protected by the safeguarding policies, procedures and practices in the centre. Staff had completed safeguarding training and those who spoke to the inspector were aware of their roles and responsibilities should there be a suspicion or allegation of abuse. Allegations were recorded, reported and followed up on in line with the organisation's and national policy.

### Regulation 17: Premises

The premises was tastefully decorated and designed and laid out to meet residents' needs. The house and apartment were found to be clean, warm and homely. Residents had access to private and communal spaces and outdoor spaces. Residents' bedrooms were decorated and furnished in line with their preferences, and they had access to storage for their personal items.

Judgment: Compliant

### Regulation 27: Protection against infection

The health and safety of residents, visitors and staff was being promoted and protected through the infection prevention and control policies, procedures and practices in the centre. There were contingency plans in place and residents and staff had access to information in relation to COVID-19. Staff had completed a number of additional trainings in relation to infection prevention and control.

There were cleaning schedules in place to ensure that each area of the house and apartment were regularly cleaned. There were suitable systems in place for laundry and waste management and for ensuring there were sufficient supplies of PPE available in the centre.

Judgment: Compliant

### Regulation 6: Health care

Residents had their healthcare needs assessed and were being supported by health

and social care professionals in line with their assessed needs. They had hospital passports in place and a log was maintained of all consultations with health and social care professionals, and hospital admissions.

The provider was recognising residents' changing healthcare needs and responding appropriately. They were seeing additional clinical supports as required and implementing the recommendations of health and social care professionals. They were completing assessments and holding meetings with the relevant professionals to ensure they could meet residents' changing needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were supported by health and social care professionals in line with their assessed needs. Support plans were developed and reviewed as required. There were policies and procedures in place to guide staff practice and staff had completed training to support residents in line with their assessed needs.

There was a restrictive practice register in place and restrictive practices were reviewed regularly to ensure they were the least restrictive for the shortest duration.

Judgment: Compliant

### Regulation 8: Protection

Residents were protected by the policies, procedures and practices relating to safeguarding and protection in the centre. There were systems in place to ensure that allegations or suspicions of abuse were reported, documented and followed up on in line with the organisation's policy, and national guidance.

Staff had completed training and those who spoke with the inspector were knowledgeable in relation to their roles and responsibilities.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant