



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

## Issued by the Chief Inspector

Name of designated centre:	The Fairways
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	13 February 2023
Centre ID:	OSV-0003389
Fieldwork ID:	MON-0038633

## About the designated centre

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

The Fairways is a designated centre operated by Nua Healthcare Services Limited. The centre can provide residential care for the needs of up to eight male and female residents, who are over the age of 18 years and who have an intellectual disability. This centre can also cater for the needs with residents who have mental health needs and specific behavioural support needs. The centre is located a short distance from a town in Co. Offaly, where each resident has their own en-suite bedroom and access to communal facilities to include kitchen and dining areas, sitting rooms, shared bathrooms, a sensory room, utility and staff offices. There is also an apartment within this centre, which can be occupied by one resident. A large enclosed garden surrounds this centre and is accessible to residents. Staff are on duty both day and night to support the residents who live here.

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

Number of residents on the date of inspection:	5
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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 (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
Monday 13 February 2023	09:30hrs to 13:00hrs	Anne Marie Byrne	Lead
Monday 13 February 2023	09:30hrs to 13:00hrs	Ivan Cormican	Support

## What residents told us and what inspectors observed

This inspection was facilitated by the person in charge and director of operations. Over the course of the day, inspectors also had the opportunity to meet with team leaders, staff members, and with three of the residents who lived at this centre.

Upon inspectors' arrival to the centre, they were greeted by members of staff and brought to the main entrance for temperature checking and hand hygiene. Overall, there was a very pleasant, friendly and calm atmosphere, with residents being supported by staff with their morning routines. Five residents currently lived in this centre, four of whom were present on the day of this inspection, while one resident was receiving care in hospital. These residents were young adults, many of whom required specific care with regards to their behavioural support and social care.

Over the past fourteen months, this was the fourth inspection of this centre, conducted by these two particular inspectors, in response to on-going issues in regards to the quality and safety of care provided. In previous inspections, inspectors found that the centre had a tense atmosphere, where staff were required to provide constant supervision to ensure that the safety and welfare of residents was maintained. Upon this inspection, inspectors noted a significant change in the atmosphere of this centre, where residents relaxed in a carefree manner in communal areas, which was something that had not been observed, to the same extent, on previous inspections. Two residents who met with inspectors, relaxed in two separate communal areas, one playing a video game and the other watching television. Both chatted casually with staff, with one resident joking about their healthy eating plan. In general, very pleasant and friendly interactions were observed between staff and residents, as they made plans for the day ahead.

An inspector also met with another resident, who spoke openly about their life, interests and of how they were supported in this centre. They spoke highly about their quality of life and they also complemented the staff who assisted them on a daily basis. They told of how nice the staff team were and of how they recently went to a local disco, which they had really enjoyed. They had plans to go again and they were later heard chatting with staff about how they needed a new outfit for the disco, which they planned to go shopping for in the coming days. This resident was involved in further education and spoke of how much this meant to them, and of how personal development was something they were really focusing on. In addition, they were very proud of voluntary work they completed in a local charity shop, which gave them a sense of purpose and facilitated them to meet and get to know people in the locality.

In recent months, the centre was operating at a reduced capacity, and the person in charge and director of operations told inspectors about the plans in place to admit a new resident to the centre in the coming weeks. In preparation for this, various work had been completed by the provider to assess the compatibility of this resident with the residents who already lived in this centre. The provider was cognisant of

the potential impact a new admission may have on the service, and in addition to consulting with residents about this new admission, the provider also had clear plans in place for how they were going to monitor for any potential new risks that may arise during the course of this transition period.

Since the last inspection, the provider had successfully sustained the improvements previously made to this centre's staffing levels, behavioural support and safeguarding arrangements. Following on from the findings of the last inspection, they had also improved governance and management arrangements, resulting in better responses to any concerns relating to the safety and quality of care in this centre. Along with the positive feedback that inspectors received from the residents they engaged with, staff who met with the inspectors also voiced similar feedback, particularly with regards to the positive impact these improvements had made to the overall service.

The findings of this inspection will now be discussed in the next two sections of this report.

## Capacity and capability

This was an unannounced follow-up inspection to the last inspection of this centre, which occurred in September 2022. Since then, this provider had improved the arrangements in place supporting risk and governance and management arrangements. This resulted in the provider being found in compliance with most of the regulations inspected against, with some minor improvements required to aspects of risk management.

Over the past number of months, the improvements that the provider had previously made to this centre's staffing levels were sustained, whereby, residents continued to be supported by the number of staff that they were assessed as requiring. The centre's staffing arrangement was under continuous review by the person in charge and this was demonstrated through well-maintained staff rosters. Due to improvements made by the provider in relation to staffing levels and also with regards to staff retention, the person in charge told inspectors that the use of relief staff in this centre had significantly reduced, which in turn, had a positive impact on the continuity of care delivered to residents.

The person in charge held the overall responsibility for this service and was supported in their role by a team leader, deputy team leaders, their staff team and by the director of operations. They were present full-time at the centre, regularly meeting with residents and their staff team. They held strong knowledge about each individual resident, their assessed needs and were also very familiar with the operational running of the service. There was good internal communication between all staff and management, with scheduled meetings frequently occurring to specifically review resident related care and support arrangements, along with any other operational matters. The monitoring of the quality and safety of care delivered

to residents was largely attributed to by the regular presence of members of management at the centre, along with the submission of weekly reports to senior management, who gave further oversight on the response to any incidents or issues occurring in this centre. Six-monthly provider-led visits were occurring and a copy of the most recent visit reviewed by inspectors, was found to oversee many aspects of the service delivered to residents. Where improvements were identified, a time bound plan was put in place to address these, and the person in charge was in the process of working through these actions at the time of this inspection.

Overall, the improvements made to governance and management arrangements since the last inspection, had greatly benefited the effectiveness of the provider's response, oversight and monitoring of any issues specifically arising within this centre.

### Regulation 15: Staffing

This centre's staffing arrangement was subject to regular review, ensuring a suitable number and skill-mix of staff were at all times on duty to support residents. Residents' assessments of need were maintained up-to-date, which informed the number and skill-mix of staff required to be on duty both day and night within this centre. Where residents were assessed as requiring a specific level of staff support, this was consistently provided to them. Furthermore, should this centre require additional staffing resources, the provider had suitable arrangements in place to facilitate this.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced in terms of equipment, staffing and transport. Regular internal meetings were occurring, which allowed for frequent discussion between the staff team and local and senior management, about residents' care and support arrangements and other operational matters. Six-monthly provider-led visits were occurring in line with the requirements of the regulations and where improvements were identified, time bound action plans were put in place to address these. In addition to this, weekly reports were submitted by local management for senior management review, which included information regarding any incidents which had occurred. A sample of these reports were reviewed by inspectors and were found to provide senior management with clear information about specific issues and concerns arising within this centre, further enhancing the oversight of the quality and safety of care in this centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had a system in place for the reporting, review and response to incidents occurring in this centre. They had also ensured that all incidents were notified to the Chief Inspector of Social Services, as required by the regulations.

Judgment: Compliant

### Quality and safety

Again, since the last inspection, the provider had sustained the improvements previously made to safeguarding and behavioural management arrangements. This meant residents continued to enjoy better outcomes with regards to these aspects of their care, and from various conversations that the inspectors had with the person in charge, it was evident that further works were in progress by local management, to ensure continuous improvement, in these particular areas of care.

In recent months, there was a significant decline in the number of incidents happening in this centre and of those that were occurring, these were subject to immediate review by local management, and then reviewed again by senior management, as part of weekly governance meetings. Where potential risk was identified, the provider was proactive in responding to this, with additional control measures being put in place, as and when required, and timely communicated to all staff to ensure their effective implementation. For instance, as previously mentioned, there was a resident identified to transition to this centre and in preparation for this, the provider had undertaken a number of risk management activities to ensure a safe and effective transition for this resident. Various impact and compatibility risk assessments had been completed, the centre's staffing arrangement had been revised, and various training specific to the assessed needs of this resident was scheduled for all staff. However, although risk assessments were in place, inspectors observed where some of these required review to ensure they clearly demonstrated the specific control measures that the provider had put in place in response to identified risks. Furthermore, at the time of this inspection, the provider was awaiting upgrade works to their on-line incident reporting system, so as to facilitate staff to electronically risk-rate incidents. However, there was no interim arrangement available to staff, to guide them on how to locally calculate risk ratings, until such a time as the upgrade to the current incident reporting system was completed.

It was clear that the provider was committed to the reduction of restrictive practices in this centre, and the person in charge was also striving to ensure that any

restrictive practice, was only ever implemented as a last resort, in direct response to a safety or safeguarding concern. An open and transparent culture was evident in regards to the implementation of restrictive practices, and staff now took time to explain to residents why these practices were in place. There was also clear evidence, whereby, since the last inspection, some of these restrictive practices had been eliminated or reduced. The trialling of alternative measures to restrictive practices was much more encouraged and the person in charge spoke with the inspectors, of how a recent trial to reduce one particular restrictive practice, and not been successful and this practice remained in place for now, in order to support an on-going safety concern.

The provider and staff team had also been proactive in the promotion and safeguarding of residents. There had been significant reduction in the level and severity of safeguarding concerns in the months prior to the inspection. Although there had been some concerns, these were quickly identified and responded to by the staff team, and the measures which were implemented both protected residents and had minimal impact on the provision of care. The provider's designated safeguarding officer attended the centre on a monthly basis to promote safeguarding awareness and to also review the effectiveness of safeguarding plans. They also met with residents to discuss safeguarding and minutes of their last attendance at the centre indicated that a further residents' meeting was scheduled for their next visit.

Overall, the actions taken by the provider in response to the outcome of the last number of inspections, had lead to better outcomes for residents being made and sustained, resulting in a marked improvement in the quality and safety of care in this centre.

## Regulation 26: Risk management procedures

The provider had a risk management system in place for the identification, response, assessment and monitoring of risk in this centre. Where risk was identified, it was quickly responded to and the person in charge ensured that any new control measures were effectively communicated to all staff. In recent months, there was a significant decline in the number of incidents happening in this centre and of those that were occurring, these were subject to immediate review. However, improvement was required to some risk assessments supporting the response to risk in this centre, to ensure these clearly guided on the specific controls that were implemented. For example, although there was a risk register in place, some risk assessments within this register required updating to ensure these reflected the current control measures in place to mitigate against specific risks.

Furthermore, at the time of this inspection, the provider was awaiting software upgrades to be made to the centre's incident reporting system, so as to allow the risk rating of incidents to be completed electronically by staff. However, there was no interim arrangement in place to guide staff on how to locally risk-rate incidents,

until such a time as this software upgrade was completed.

Judgment: Substantially compliant

### Regulation 7: Positive behavioural support

The provision of behavioural support is an integral aspect of care and clear guidance assists in ensuring that residents receive a consistent approach in their everyday lives. Behavioural support guidance in this centre was clear and concise and staff who met with inspectors had a good understanding of residents' behavioural support needs. There was also a significant reduction in the use of physical restrictive practices in response to behaviours of concern, and staff reported that the frequency and severity of these behaviours had greatly reduced in the months prior to the inspection.

In addition, where restrictive practices were in place these were in direct response to safety or safeguarding concerns. There was good oversight of these practices, which were subject to a formal monthly review and the provider also demonstrated that the aim of these reviews was now to promote the reduction in the use of restrictive practices in this centre.

Judgment: Compliant

### Regulation 8: Protection

The active safeguarding of residents had greatly improved in this centre over several inspections, and this inspection found that the number of active safeguarding plans had further reduced. Staff were well-aware of any safeguarding concerns and monthly reviews by the centre's designated officer, ensured that staff were kept up-to-date with any changes or developments in regards to residents' safety. Residents were also supported in the area of self-care and protection with safeguarding awareness education sessions completed with residents, with additional sessions planned for the near future.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for The Fairways OSV-0003389

Inspection ID: MON-0038633

Date of inspection: 13/02/2023

## Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

# Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

## Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>To demonstrate that the Centre is line with Regulation 26, the Person in Charge will ensure that the following actions are taken:</p> <ol style="list-style-type: none"> <li>1. The Person in Charge (PIC) will complete and undertake a full review of Risk Register within the Centre.</li> <li>2. A review of the severity table within our Accident, Incident Reporting System (AIRS) to ensure low risk rated incidents are followed up on and reported in line with the updated Risk Management Policy has been completed. This action is currently in process and is with the software developer to complete the updates to AIRS system. This action will be complete by 30th April or sooner, if possible.</li> <li>3. The updated Risk Management provides clear guidance for staff on how to risk-rate incidents. Prior to the update being completed for (AIRS) system, the (PIC) will complete a review of the Risk Management policy with all team members to ensure they are aware of the changes to the severity table captured in the Risk Management Policy and the upcoming changes to be made to the (AIRS) system. Furthermore, there is management cover for 7 days a week in the Centre as far as reasonably possible and any incidents which occur are reviewed by a member of the management team within a 24 hour period.</li> <li>4. The above actions will be discussed with the staff team at next monthly staff team meeting to be held by 31st March 2023.</li> </ol>	

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/04/2023