



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

Issued by the Chief Inspector

Name of designated centre:	Greenacres
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Wexford
Type of inspection:	Announced
Date of inspection:	31 August 2021
Centre ID:	OSV-0005803
Fieldwork ID:	MON-0033919

About the designated centre

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

Greenacres is a designated centre located in a rural area in Co.Wexford. Greenacres aims to provide 24-hour care to children with disabilities both male and female aged between 12 to 18 years of age with a wide range of support needs including Intellectual Disabilities and Autism Spectrum Disorder (ASD). The centre is staffed by a full time person in charge and a team of social care workers and assistant support workers. Nua Healthcare also provide the services of the Multidisciplinary Team. These services include; Psychiatrist, psychologist, Occupational Therapist, Speech and language Therapist and nurses.

The centre itself is a two-storey detached house. The ground floor consists of kitchen/dining area, living room, utility, WC and foyer. On this level there is also an individual supported living area with consists of bedroom 1 with en-suite and living room/kitchenette. There is also spacious gardens and a trampoline for recreation. There is a recreational & play area which is situated at the back of the property. On the first floor, there is bedroom 2 with en-suite, bedroom 3 with en-suite, main bathroom, a staff office and a landing. Amongst the local amenities are hairdressers, a library, local parks, a community centre, horse riding centre, GAA club, selection of restaurants, shops, and social groups

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
--	---

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
Tuesday 31 August 2021	09:30hrs to 16:30hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with the three young people living in the centre. This was a childrens designated centre which provided support for young people between the ages of 12-17. From what the inspector observed, the young people enjoyed a good quality of life and were offered a person centred service, tailored to their individual needs and preferences. Residents were seen to be well supported, and there were management systems in place that ensured a safe and effective service was being provided.

This inspection took place during the COVID-19 pandemic and interactions between the inspector, residents, staff and management took place in adherence with public health guidance.

The centre comprised of a large two-storey detached residence that could accommodate three residents. In general the house appeared homely, welcoming and well maintained. All residents had their own en-suite bedrooms and these had been personalised to suit their preferences. One resident had chosen to decorate their room with pictures of all the cars they had seen. The centre had communal kitchen, living and dining areas. One resident had a separate individual supported living unit where they had a separate living and kitchen area along with an en-suite bedroom. There was also a separate building in the garden that was used by all residents as a recreational room. This room had a television, video games, couches and bean bags and one resident was observed relaxing and playing here on the morning of the inspection, the resident was later observed heading out to play a round of golf on the day of inspection.

The inspector observed a large surrounding garden where residents had access to a trampoline. The inspector observed some pictures of the residents in the centres hallway which the person in charge identified was a memory wall. This included pictures of residents enjoying various group and individual activities. The inspector observed a picture of the residents recently enjoying a movie night together.

Three of the residents completed satisfaction questionnaires, some residents completed these independently and some completed them with support from staff. All residents reported high levels of satisfaction with the service provided in areas including staffing, meals and activities. Some residents detailed activities that they regularly enjoyed including swing ball, using the trampoline, football and walks. Residents reported familiarity with the person in charge and who to raise concerns with. The inspector also spoke with two family members who also expressed satisfaction with the service provided, one family member commented that staff turnover appeared to be frequent and they would prefer more communication at times.

The staff team consisted of social care workers and assistant support workers. Staff spoken with appeared knowledgeable regarding the residents needs, the training

they had received and the providers policies. Familiar and positive interactions were observed between staff and residents on the day of inspection. There was a key working system with residents and key workers were responsible for ensuring that residents documentation were reflective of residents needs and that care provided was supporting the residents wishes and goals.

A number of restrictive practices were noted in place around the centre on the day of inspection, following conversations with staff and management and a comprehensive review of residents documentation, it was clear that these were in place secondary to identified risks and to ensure the safety of the residents.

There was evidence that there was a regular management presence in the centre, with a member of management present in the centre seven days per week. There was a full time person in charge and two deputy team leaders. There was also a regional director of operations present on the day of inspection who regularly attended the centre and communicated with the management team.

Overall, this inspection found that there were high levels of compliance with the regulations reviewed. This appeared to result in positive outcomes for residents who appeared to enjoy a safe service that met their assessed needs. Residents appeared to be regularly consulted regarding their views on the service provided. There were no complaints communicated with the inspector on the day of inspection.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall, the inspector found that the provider demonstrated the capacity and capability to effectively provide a safe service. This inspection was announced and the purpose of the inspection was to inform a registration renewal decision. Actions from the centres most previous inspection had been appropriately addressed by the registered provider.

There were management systems in place to ensure that the service provided was safe, consistent, and appropriate to residents' needs. There was a clear management structure present and this centre was found to be providing a responsive and high quality service to the residents living there. Reporting structures were clear and there were robust organisational supports such a comprehensive audit schedule in place that supported the person in charge and the staff working in the centre, and ensured that oversight was maintained at a provider level.

The person in charge was present on the day of the inspection. This individual was knowledgeable about the residents and their specific support needs and this enabled

them to direct a high quality service for the residents living in the centre. The inspector also had an opportunity to meet with the regional director of operations who had oversight of the service provided.

The staff team in place was found to be appropriate to meet the needs of the residents. Staff members spoken with were familiar with their role in the centre and with the needs of the residents. Residents were regularly consulted about the service provided and residents meetings took place once per week. These were used as an opportunity to discuss menu choices, and to communicate any complaints or concerns about the service provided.

Regulation 15: Staffing

The staff team comprised of social care workers and support workers. The inspector found there were appropriate numbers of staff and skill mixes in place to meet the assessed needs of the residents. There were planned and actual staff rota's in place which reflected the provision of high levels of staff support during the day and night. There were no staff vacancies on the day of inspection.

A daily handover document was used by staff to communicate important information about the residents care and support. This included details of any accidents or incidents and allocations of tasks. Staff meetings were held monthly and minutes of these were maintained.

Judgment: Compliant

Regulation 16: Training and staff development

Training was provided in line with the assessed needs of the residents. This included training in medication management, fire safety, food hygiene, infection control, hand hygiene, behaviour management, manual handling, autism, and childrens first. A review of training records found that all staff had received up-to-date mandatory training and refresher training.

All staff received regular one to one formal supervision with line managers. These took place six times per year and there was a clear schedule in place for this to be completed in the following months. On the floor supervision sessions were also completed regularly by line managers.

Judgment: Compliant

Regulation 22: Insurance

The provider had an appropriate contract of insurance in place which insured the centre against loss or damage. Evidence of this was provided in the centres registration renewal pack.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place and lines of accountability. There was a full time person in charge who had the skills, experience and qualifications necessary to manage the designated centre. The person in charge was supported by two deputy team leaders within the centre and there was a regional director of operations who also had oversight of the running of the centre and regularly attended the centre.

There was evidence that the service provided was regularly audited and reviewed. An annual review of the care and support provided had been completed and unannounced inspections were completed in the centre on a six monthly basis on behalf of the provider. Easy ready versions of the centres annual review had been developed and were made available to the residents. There was a weekly health and safety check completed in the centre and a weekly update report was sent to the senior management team which highlighted any adverse incidents in the centre. Unannounced routine night checks were also regularly completed by management.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints on the day of inspection and residents spoken with did not express any complaints with the inspector regarding the service provided. The inspector observed details of the providers complaints procedure and contact details of advocacy services prominently displayed on the notice board in the centre.

Judgment: Compliant

Quality and safety

The inspector looked at the quality and safety of the service provided to the three young people living in this centre during this inspection and was satisfied that the standard of care afforded to them was appropriate. A person centred approach was evident from observations on the day of inspection and from the documentation reviewed by the inspector, and young people's quality of life in the centre, was found to be at a high standard. The service provided was regularly audited and reviewed to determine the quality and safety of care and support.

The inspector spoke with residents and staff and reviewed a number of key documents to determine the quality and safety of care and support provided. This included a review of residents personal plans, risk documentation, fire safety records, infection control measures, medication records, safeguarding plans, incident reports, and behavioural support plans. Documentation was maintained to a high standard and was subject to regular review. The inspector found high levels of compliance with the regulations reviewed.

Systems were in place for risk management in the centre. This included systems for fire safety, systems for safeguarding the residents and behavioural support measures. There was a risk register in place which was regularly reviewed and staff appeared aware of mitigating measures in place to reduce risks. Plans were in place to appropriately respond to adverse incidents including loss of power, loss of water, fire, or flooding.

Residents appeared to live meaningful days with evidence observed that they took part in various individualised activities and had personalised plans and goals in place. Residents had access to a range of multi-disciplinary supports and recommendations made by allied healthcare professionals were reflected in the residents care plans. This was a childrens centre, with residents ranging in age from 12-17. The inspector found that the young people were supported to access education.

Regulation 17: Premises

The premises was designed and laid out to meet the needs of the residents and well maintained internally and externally. The centre comprised of a large two-storey detached residence that could accommodate three residents. All residents had their own en-suite bedrooms and these had been personalised to suit their preferences. There was a separate building in the garden that was used by residents as a recreational room. There was a service maintenance team who responded to and addressed any maintenance needs in the centre. The provider had ensured the provision of all matters set out in Schedule 6.

Judgment: Compliant

Regulation 26: Risk management procedures

Overall risk was being appropriately managed in the centre. There was evidence that review of risk was ongoing and that the service was responsive to any changes in the centre. A risk register was in place that identified numerous risks and outlined the control measures in place to manage these. All residents had individual risk management plans in place and these highlighted measures in place to manage any potential risks. There was a centre accident and incidents register maintained. The management team regularly reviewed incident records for trends and implemented action plans where required. Risk assessments in place highlighted rationale for the use of restrictive practices.

The inspector observed specific measures in place to mitigate potential risks. For example, a specific management plan was in place for one resident who presented with an allergy, and this included the management and administration of emergency medication. Potential risks had been identified at night time and walkie-talkies were used by staff to mitigate these risks.

Judgment: Compliant

Regulation 27: Protection against infection

Infection control procedures in place in this centre were found to be appropriate and were in line with guidance issued by public health during the COVID-19 pandemic. The centre was visibly clean on the day of inspection and there were schedules and task allocations in place to ensure all areas of the designated centre were cleaned and deep cleaned regularly. Some residents took part in completing cleaning tasks. The centre's kitchen and cooking facilities were clean and food items were clearly labelled and appropriately stored.

Risks associated with COVID-19 were being continually considered, assessed and managed. Staff were completing questionnaires prior to coming on duty in the centre and all staff had completed training in infection control, hand hygiene and the donning and doffing of personal protective equipment (PPE). There was a designated donning and doffing area identified in a shed outside of the centre. Regular COVID-19 symptom checks were also completed with residents. Some residents had resumed accessing their local community, in line with public guidance and this had been risk assessed and associated risks were being managed appropriately. The provider had developed a service contingency plan for in the event of an outbreak and this outlined an escalation pathway for staff and residents to follow in the event of an outbreak of COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

There were appropriate fire safety measures in place in the designated centre. Fire-fighting equipment and containment measures were in place including fire extinguishers, fire doors and a fire alarm system. Fire drills were occurring regularly, including drills that simulated staffing levels at night. Residents and staff demonstrated that the centre could be evacuated in a safe and efficient manner, should the need arise. Evacuation procedures were prominently displayed and residents all had personal emergency evacuation plans in place which included details of staffing requirements. Risk assessments were in place which considered specific fire safety measures.

Detection systems, emergency lighting and clear exit routes were also observed. Systems and equipment were subject to regular review and servicing with a fire specialist.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were appropriate and safe systems in place for the management and administration of residents medicines in the designated centre. Residents each had individual prescriptions which were signed by the residents general practitioner and was reviewed regularly. This included details of medication administration times, doses, and routes, and documentation facilitated staff to safely administer medication in line with their training. A specific care plan was in place for a resident who presented with an allergy. Clear protocols were in place for medication to be administered as required (PRN).

Two medication audits took place annually, which were completed by the provider quality and safety team or the regional registered nurse. The person in charge appeared knowledgeable regarding the residents medication needs and indications for different medicines prescribed. Medicines were safely secured and the storage facility was clean and organised. All medicines observed by the inspector were in date.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

All residents had individualised comprehensive assessments of need and personal

plans in place. All residents had personal goals and wishes and plans to achieve these were reflected in residents daily plans and schedules. One resident had goals in place to spend a night away from the centre and attend a social event. Schedules had been developed to ensure that they were accessible to residents. The person in charge had regular oversight of these and ensured their progression. Plans included residents specific preferences, including the characteristics of the staff that should support them.

There was a key working system in place and key working were allocated specific tasks to ensure that residents needs and goals were met. All of the young people living in the centre accessed full time education and this was supported and facilitated by the provider and staff.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours. Residents had access to a range of multi-disciplinary behavioural specialists within the service. Residents had multi-element behavioural support plans in place which were developed by behavioural specialists and subject to regular review. Behavioural specialists also ensured that behavioural support recommendations were integrated into the residents daily plan of care.

A number of restrictive practices were noted around the centre. Documentation reflected risks and clear rationale for the use of these. A register of restrictive practices in use was maintained and regularly reviewed by the person in charge and behavioural therapist, with a view to reduce or discontinue when safe and appropriate.

Staff had all received up to date training in behaviour management techniques. Restrictive practices and safeguarding were discussed and reviewed regularly by the staff team and were standing agenda items at staff meetings.

Judgment: Compliant

Regulation 8: Protection

All staff had received up-to-date training in children's first. There was a designated person within the service who was responsible for screening any safeguarding concerns and escalating them when appropriate. Residents appeared compatible living together and any potential or actual safeguarding concerns were treated in a serious manner and in line with national policy.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant