



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

Issued by the Chief Inspector

Name of designated centre:	The Ivies
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Waterford
Type of inspection:	Announced
Date of inspection:	10 May 2023
Centre ID:	OSV-0007868
Fieldwork ID:	MON-0030814

About the designated centre

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

The Ivies is a designated centre operated by Nua Healthcare Services Limited. The centre provides a community residential service to a maximum of five adults with support needs including intellectual disability and acquired brain injury. The centre is located in on the outskirts of a rural town in Co. Waterford. The Ivies comprises of a two storey detached house and a cottage. The two storey house accommodates a total of four residents: two residents in the main house and two residents between two individual apartments. The cottage accommodates one resident. The staff team consists of a team leader, social care workers, assistant support workers. The staff team are supported by a person in charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Wednesday 10 May 2023	09:40hrs to 17:30hrs	Conan O'Hara	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted to monitor on-going compliance with the regulations and to inform the renewal of registration decision.

The inspector had the opportunity to meet three residents over the course of the inspection. Overall, based on what the residents communicated to the inspector and what was observed, it was evident that the residents received a good quality of care and support and enjoyed a good quality of life. Throughout the inspection, the staff team were observed treating and speaking with the residents in a dignified and caring manner.

In the main house, the inspector met with two residents. The inspector spent time with one resident in the living room of their apartment. The apartment was decorated in line with the resident's interests. The resident spoke of their interests in music, video games and about people important in their life. The resident was looking forward to an upcoming holiday and spoke fondly of their last trip. Overall, they appeared comfortable in their home and in the presence of the staff team.

The inspector met with the second resident in the kitchen of the main house. The resident had recently moved into the service and appeared relaxed and comfortable in their home. The resident spoke with the inspector about the care they were receiving, in particular their medication. Overall, they spoke positively about their experience to date in the designated centre. They were supported in the afternoon to access the community.

Later in the morning, the inspector visited the cottage which was home to one resident. The resident chose to remain in bed and the staff team were observed trying to encourage the resident to wake, offering community based activities in line with their interests. The resident indicated that they did not want to speak with the inspector at that time and this was respected. In the afternoon, the inspector briefly visited the cottage again. The inspector observed the resident reading the newspaper and preparing to access the community for the afternoon. The cottage was observed to be well maintained and decorated in line with the resident's preferences. For example, posters of the soccer team supported by the resident were on display and a pool table was in the living area.

The inspector also reviewed three questionnaires completed by the residents with the support of staff describing their views of the care and support provided to the residents in the centre. Overall, the questionnaires contained positive views and indicated a high level of satisfaction with many aspects of service in the centre such as activities, bedrooms, meals and the staff who supported the residents. However, one resident noted the temperature of the shower required review.

The inspector carried out a walk through of the two storey house and the cottage. The two storey house comprised of a kitchen, utility room, dining room, sitting room

and two individual bedrooms. Each individual apartment consisted of a kitchenette/living area and an en-suite bedroom. The cottage is a self-contained apartment which consists of a open plan kitchen/living/dining room and en-suite bedroom. Overall, the designated centre was found to be well-maintained and residents' bedrooms decorated with personal possessions and pictures.

In summary, the residents appeared content and comfortable in their home and the staff team were observed supporting the residents in an appropriate and caring manner.

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

Capacity and capability

Overall, there was a clearly defined management system in place which ensured the provision of high quality care and support to the residents. The management systems ensured that the services was effectively monitored. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs.

The centre was managed by a full-time, suitably qualified and experienced person in charge. There was evidence of regular quality assurance audits taking place to ensure the service provided was monitored. These audits included the annual review for 2022 and the provider's unannounced six-monthly visits. These quality assurance audits identified areas for improvement and action plans were developed in response.

On the day of inspection, there were sufficient numbers of suitably qualified staff on duty to support residents' assessed needs. From a review of the roster, it was evident that there was an established staff team in place which ensured continuity of care and support to residents. The inspector observed positive interactions between the residents and the staff team.

There were systems in place for the training and development of the staff team. From a review of sample records, it was evident that the staff team in the centre had up-to-date training and were appropriately supervised in line with the provider's policy.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and

contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. The person in charge was responsible for one other designated centre and was supported in their role by an experienced team leader.

Judgment: Compliant

Regulation 15: Staffing

The person in charge had planned and actual staffing rosters in place. The inspector reviewed a sample of the roster and found that overall there was a core staff team in place which ensured continuity of care and support to residents. On the day of the inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. During the day, the three residents were supported by four residential staff members. At night, two waking-night staff were in place to support the three residents.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. From a review of a sample of training records, it was evident that the staff team in the centre had up-to-date training in areas including safeguarding, safe administration of medication, infection prevention and control, fire safety and de-escalation and intervention techniques.

There was a supervision system in place and all staff engaged in formal supervision. It was evident that formal supervisions were taking place in line with the provider's policy. This meant that the staff team had up to date knowledge and skills to meet the residents' assessed needs.

Judgment: Compliant

Regulation 22: Insurance

There was written confirmation that valid insurance was in place including cover in the case of injury to residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place. The person in charge reported to the Director of Operations, who in turn reported to the Deputy Chief Operations Officer. There was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents' needs. The quality assurance audits included the annual review 2022, six monthly provider visits and local audits such as mediation audits and health and safety audits. These audits identified areas for improvement and developed action plans in response.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared a statement of purpose and function for the designated centre. The statement of purpose and function contained all of the information as required by Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed a sample of adverse incidents occurring in the centre and found that the Chief Inspector was notified as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the management systems in place ensured the service was effectively monitored and provided good quality care and support to the residents.

The inspector reviewed a sample of residents' personal files. Each resident had an up-to-date comprehensive assessment of the residents' personal, social and health needs. Personal support plans reviewed were found to be up-to-date and to suitably guide the staff team in supporting the residents' with their needs.

There were effective systems in place for safeguarding the residents. The inspector reviewed a sample of adverse incidents occurring in the centre which demonstrated that incidents were reviewed and appropriately responded to. The residents were observed to appear comfortable and content in their home.

There were suitable systems in place for fire safety management. These included fire safety equipment and the completion of regular fire drills.

Regulation 17: Premises

The designated centre was designed and laid out to meet the needs of the residents. The premises was observed to be well maintained and residents' bedrooms were decorated in line with their preferences.

Judgment: Compliant

Regulation 20: Information for residents

A residents guide was prepared by the provider which contained all of the information as required by Regulation 20.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. Risks were managed and reviewed through a centre specific risk register and individual risk assessments. The individual risk assessments were up to date and reflective of the controls in place to mitigate the risks.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19. There was infection control guidance and protocols in place in the centre. The inspector observed that the centre was visibly clean on the day of the inspection.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. There was evidence of regular fire drills taking place including night time drills. Each resident had Personal Emergency Evacuation Plans (PEEPs) in place which appropriately guided staff in supporting residents to evacuate.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed the a sample of residents' personal files. Each resident had a comprehensive assessment which identified the resident's health, social and personal needs. The assessment informed the residents' personal plans which guided the staff team in supporting residents' with identified needs, supports and goals.

Judgment: Compliant

Regulation 6: Health care

The residents' health care supports had been appropriately identified and assessed. The inspector reviewed health care plans and found that they appropriately guided the staff team in supporting the residents' with their health needs. The provider had ensured that the residents were facilitated to access appropriate health and social

care professionals as required.

On the day of inspection, appointments with relevant healthcare professionals were discussed. The person in charge was knowledgeable of the residents' needs and systems were in place to ensure medical appointments were scheduled and followed up as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents' were supported to manage their behaviours and positive behaviour support guidelines were in place, as required. Residents were supported to access psychology and psychiatry as required.

There were systems in place to identify, manage and review the use of restrictive practices. There were a number of restrictive practices in use in the designated centre which had been appropriately identified, assessed and reviewed.

Judgment: Compliant

Regulation 8: Protection

The provider had systems in place to safeguard residents. There was evidence that incidents were appropriately reviewed, managed and responded to. The residents were observed to appear content and comfortable in their home.

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
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant