



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

Issued by the Chief Inspector

Name of designated centre:	Arendelle House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Galway
Type of inspection:	Unannounced
Date of inspection:	21 November 2022
Centre ID:	OSV-0008291
Fieldwork ID:	MON-0037502

About the designated centre

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

Arendelle House is a designated centre operated by Nua Healthcare Service Limited. This centre can cater for the needs of up to five male and female residents, who are over the age of 18 years and with an intellectual disability. The centre comprises of a two-storey house, with an adjoining one-bedroom apartment. Each resident has their own en-suite bedroom and shared access to a kitchen and dining area, living room, conservatory, sitting room, staff office, toilets and utility. The apartment also provides an en-suite bedroom and a kitchen and living space. Separate and secure garden areas are available to residents both residing in the main house and apartment. 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:	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
Monday 21 November 2022	11:30hrs to 16:35hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This inspection was facilitated by the person in charge and over the course of the day, the inspector had the opportunity to meet with staff members and with all three residents who lived there. Upon the inspector's arrival she was greeted by a member of staff and brought to the rear entrance of the centre for temperature checking and to avail of hand hygiene facilities, prior to entry.

This staff member told the inspector that in recent days, the centre had accepted a new admission. The inspector met briefly with this resident, who was sitting in the living area playing computer games. They told the inspector they were setting in well, had their own bedroom and that they liked to play computer games. They said they had met the other resident whom they shared with and so far, both had gotten on well together. Staff later told the inspector that the previous weekend, both residents had gone go-karting and had enjoyed this. This resident had recently celebrated a milestone birthday and balloons representing this were seen in the sitting room and bedroom of this resident. The inspector also met with the resident who occupied the adjoining apartment. This resident's apartment was decorated in line with their personal interests, with photo and poster collages displayed on their living room walls. They also proudly showed the inspector a tattoo which they had and staff told of upcoming plans to design and create a wall mural for the kitchen and living area. During their time with the inspector, they required on-going positive behavioural support from staff, who were confident in doing so. Later in the afternoon, the inspector had the opportunity to meet with the third resident and they took time to speak alone with the inspector. They said they were happy living in the centre, got on well with the resident who was recently admitted and that they liked having their own bedroom and space. They told of their interest in buses and of how they regularly went to Dublin each week, with staff support, to meet family and liked going on bus trips when up there. Over the course of this conversation, this resident told the inspector that they had made complaints to the provider regarding some aspects of the service that they were not happy with and although these complaints were acknowledged, this resident voiced that they were not satisfied with the outcome of their complaint. This will be addressed further in the subsequent sections of this report.

This centre comprised of a spacious two-storey house situated on large enclosed grounds, a few kilometres from a village in Co. Galway. An apartment adjoined this house and was occupied by one resident, who had their own en-suite bedroom, kitchen and living space and enclosed garden. The main house was home to the other two residents, whereby, they also had their own en-suite bedroom and communal use of a kitchen and dining area, utility, sitting room, living room, conservatory and large external grounds to use, as they wished. Of the bedrooms visited by the inspector, these were personalised to the resident, with some displaying certificates of achievements in arts. Overall, the centre was spacious, clean, comfortably furnished and very well-maintained.

These residents led quite active lifestyles, with most liking to get out and about most days. Some of these residents had an interest in securing employment and were undergoing interviews for various roles. In response to the social and behavioural support needs of these residents, each required an assessed level of staff support and this was consistently provided to them. There was a core staff team in place, who were familiar with these residents and of how to support them with various aspects of their care. Over the course of this inspection, of the staff who met with the inspector, they spoke confidently about the assessed needs residents had, particularly with regards to behavioural support, and were very aware of the proactive and reactive strategies that were to be implemented. They also were familiar with residents' interests and strived to schedule activities around these. With regards to the resident who was recently admitted, staff were spending time with this resident to get to know what they liked to do and the person in charge spoke of the plans in place to encourage this resident to integrate and engage with the services and activities within the local area.

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

Capacity and capability

This was the first inspection of this centre since it opened and its purpose was to assess this provider's overall compliance with the regulations. Overall, the inspector found that this was a well-run and well-managed centre that ensured residents received a good and safe quality of service. Of the regulations inspected against as part of this inspection, most were found to be in full compliance, with some improvements required to aspects of complaints, behavioural support and restrictive practices.

The person in charge held a full-time role and was based at the centre, which meant she regularly met with residents and with her staff team. She knew the residents and their assessed needs very well and was also very aware of the operational needs of the service delivered to them. As she met regularly with her staff team, this allowed for discussions to be had about the care and support that residents received. She was also in frequent contact with her line manager to ensure operational issues were also reviewed and discussed. This was the only designated centre operated by this provider that she was responsible for, and current governance and management arrangements gave her the capacity to ensure this centre was effectively managed.

There was a consistent staff team working in this centre, which had a positive impact on the continuity of care for residents. Where residents required a specific level of staff support, this was consistently provided for them. For example, some residents were assessed as requiring two-to-one support, while others were assessed as requiring one-to-one staff support and the provider had ensured that

this staffing compliment was available to these residents. Although the use of relief staff was minimal, the provider had these arrangements available, should this centre require additional staff support. Staff received various training relevant to their role and arrangements were in place to provide refresher training in these areas, as and when required.

The monitoring of the quality and safety of care in this centre was largely attributed to the full-time presence of the person in charge to oversee care practices, internal audits were also regularly occurring and the first provider-led visit of this centre had just been completed and the person in charge was awaiting this report, which would inform her of actions required to address any improvements identified. Weekly governance reports were prepared by the person in charge detailing specific information pertaining to various aspects of the service and sent for senior management review. The reporting, review and response to incidents occurring was also overseen by the person in charge, who had ensured that all incidents were notified to the Chief Inspector of Social Services, in accordance with the requirements of the regulations.

The provider had a complaints process in place and residents were supported by staff to be aware of this procedure and were supported, if they wished, to make a complaint. During a conversation with one resident, they voiced to the inspector that they had availed of this process to inform the provider about aspects of the service that they were unhappy about. Although this resident was supported to make their complaint and informed of the outcome, they told the inspector that they were not satisfied with this outcome. Prior to the close of this inspection, the inspector brought this to the attention of those facilitating this inspection to in.

Regulation 14: Persons in charge

The person in charge held a full-time role and was based at the centre. She regularly met with the residents and with her staff team. She had good knowledge of the residents' assessed needs and of the operational needs of the service delivered to them. This was the only designated centre operated by this provider in which she was responsible for and she had the capacity to ensure it was effectively managed.

Judgment: Compliant

Regulation 15: Staffing

The staffing arrangement for this centre was subject to regular review. Consistency in staffing levels was provided, ensuring that residents received continuity of care and the provider also ensured that residents always had access to the staff support

that they were assessed as requiring. Where this centre may require additional staffing resources from time to time, the provider had suitable arrangements in place for this.

Judgment: Compliant

Regulation 16: Training and staff development

A system was in place to ensure staff received training in all areas appropriate to their role held. Where refresher training was required, this was scheduled accordingly by the person in charge and records of staff training were maintained up-to-date to demonstrate this.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured suitable persons were appointed to manage and oversee the running of this centre. The person in charge regularly met with her staff team to discuss resident related care issues and also maintained regular contact with her line manager regarding operational matters. This centre's first six monthly provider-led visit had just occurred prior to this inspection and the person in charge was awaiting this report to action any improvements required on foot of this visit.

Judgment: Compliant

Regulation 31: Notification of incidents

Where incidents occurred, these were reported, responded to and monitored for re-occurrence. The person in charge had ensured all incidents were notified to the Chief Inspector of Social Services, as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure available for this centre and supported residents to utilise this process, should they have any complaints regarding the

service they received. However, some additional action was required to ensure that residents were satisfied with the outcome of complaints that they had made. For example, following a conversation with one resident, they voiced their dissatisfaction with the outcome of a complaint they had made to the provider.

Judgment: Substantially compliant

Quality and safety

In this centre, residents were found to receive an individualised service that was cognisant of their assessed social care and behavioural support needs.

The residents that lived in this centre were young adults and had the staff support that they required to get out and about to do the activities that they enjoyed. Their needs were regularly assessed for and personal plans were then developed to guide staff on the specific care and support that these residents required. As earlier mentioned, there was a new admission to the centre and at the time of this inspection, staff were in the process of assessing their needs and getting to know this resident's preferences, interests and wishes for the care and support they received. Although residents' health care needs were minimal in this centre, the provider had arrangements in place to support this aspect of care within this service. There was also good multi-disciplinary support available to residents and staff linked in with the relevant professionals about residents' care interventions, as and when required.

Some residents required daily positive behavioural support and suitable arrangements were put in place by this provider to ensure they could meet the behavioural support needs of these residents. Where behavioural incidents occurred, these were routinely reviewed and additional interventions were put in place, if required. This centre's staffing arrangement played an integral part in ensuring these residents received the care and support they required with this aspect of their care, with all residents consistently having either a two-to-one or one-to-one levels of staff support. Some residents had complex behaviours and required on-going support with this on daily basis. In one instance, while the inspector was meeting with one particular resident, the inspector observed supporting staff members to offer constant reassurance to this resident and implement recommended proactive strategies in response to their behavioural support needs. Afterwards, the inspector spoke briefly with one of these staff members, who was very familiar with the triggers and presentation of this resident, which warranted specific scripted responses to bring this resident back to baseline. They explained to the inspector the importance of offering on-going reassurance to this resident and to support them to talk freely about topics of conversation that they wanted to discuss. Although residents requiring positive behavioural interventions were being supported in this centre, some improvement was required to associated risk assessments and behaviour support plans to ensure these gave clarity on the

specific interventions that were effectively being implemented by staff on daily basis, as observed by the inspector. In response to some behaviours, there were also some restrictive practices in use. Following a review of the risk assessments and protocols in place for these, the inspector also identified that these guidance documents would also benefit from additional review, to give better clarity to staff on the appropriate application of these restrictions in practice.

These residents had a good understanding of the procedure to be followed in the event of fire and fire drill records clearly demonstrated that staff could support residents to evacuate in a timely manner. As there was a new admission to the centre, the person in charge told the inspector of their plans to conduct a further fire drill, to include this resident, in the coming week. A waking staff arrangement was in place at night, meaning that should a fire occur, staff were available to quickly respond. There was a fire procedure in place and each resident had a personal evacuation plan, and both of these were under review by the person in charge at the time of this inspection. The identification of risk in this centre resulted in timely response by the person in charge and her staff team, to ensure residents were maintained safe from harm. Of the incidents that were occurring, these were trended by the person in charge and where it was identified that additional control measures may be required, these measures were promptly put in place. The monitoring of risk was also enhanced through weekly governance reports that were prepared by the person in charge for senior management review, highlighting any new risk in the centre.

The safeguarding of residents from harm was monitored on an on-going basis by the person in charge. Since the centre opened, there were some incidents which had occurred of a peer to peer nature and staff who spoke with the inspector, were cognisant of the specific measures that were in place to safeguard residents, to reduce the likelihood of re-occurrence. At the time of this inspection, there was no other safeguarding concern in this centre.

Regulation 17: Premises

The centre comprised of one two-storey dwelling with an adjoining apartment, based a few kilometres from a village in Co. Galway. The centre was clean, spacious and bright and provided residents with a comfortable living space. Where maintenance works were required, there was a system in place to report and rectify this. The design and layout was conducive to the assessed needs of residents, with many items of interest to them displayed in their bedrooms.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management system in place to allow for risk to be identified, responded to and monitored. Where incidents were occurring, these were reviewed and trended and additional measures put in place, as and when required, to reduce the likelihood of re-occurrence. At the time of this inspection, the person in charge was in the process of reviewing protocols in response to residents' who were identified at risk of absconson, to ensure these protocols gave clear guidance to staff on how to respond to this specific risk.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety precautions in place, including, fire detection and containment arrangements, internal and external emergency lighting, regular fire safety checks were occurring and all staff had up-to-date training in fire safety. Regular fire drills were occurring and records of these demonstrated that staff could support residents to evacuate in a timely manner. There was a fire procedure in place and each resident had a personal evacuation plan and at the time of this inspection, the person in charge was in the process of further reviewing these documents.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

A system was in place to ensure residents' needs were assessed for and that personal plans were then developed to guide staff on to support these residents with their assessed needs. There was a new admission to the centre and at the time of this inspection, the provider was in the process of assessing this resident's needs and developing personal plans in accordance with these assessments.

Judgment: Compliant

Regulation 6: Health care

Residents' health care needs were minimal in this centre, however; the provider had arrangements in place that should residents acquire a health care need, processes were in place to ensure these needs would be met. Residents' assessment of need gave due consideration to their health status and residents had access to a wide

variety of allied health care professionals, as and when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required positive behavioural support, the provider had suitable arrangements in place to ensure these residents' needs were met. Staff were supported by on-going multi-disciplinary involvement in the review of residents' behavioural interventions and where incidents of a behavioural nature occurred, these were reviewed in a timely manner and additional measures put in place, as and when required. However, some improvement was required to the risk assessments and behaviour support plans to ensure these gave clarity on the specific interventions that were implemented by staff on a daily basis. Similar findings were also found with regards to restrictive practices, whereby, risk assessments and associated protocols also required additional review to give better guidance to staff on their application, to ensure the least restrictive practice was at all times used.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had arrangements in place to support staff in identifying, responding to and monitoring any concerns relating to the care and welfare of residents. In response to some safeguarding related incidents which had occurred in this centre, the provider had put additional measures in place to reduce the likelihood of re-occurrence and this was being monitored by the person in charge. All staff had also received up-to-date training in safeguarding.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Arendelle House OSV-0008291

Inspection ID: MON-0037502

Date of inspection: 21/11/2022

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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ol style="list-style-type: none"> 1. The person in charge will ensure that all residents will be educated on the centres policy and procedure on complaints, compliments, and comments [PL-OPS-002] through regular monthly key working sessions. 2. The policy and procedure and procedure on complaints, compliments and comments shall be made available to all residents and complaints form available as required. 3. The person in charge shall conduct a review of the complaints registers for all residents and ensure that; <ol style="list-style-type: none"> a) Residents are satisfied with the outcome of the complaint and; b) Residents are aware of the appeals process should they wish to avail of it. 4. The above points will be discussed with the staff team at the next monthly team meeting 13 January 2023. 	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ol style="list-style-type: none"> 1. To provide individualized guidance for staff when managing and supporting residents assessed needs in line with best practices, The person in charge shall conduct a review of all resident’s personal plans, risk assessments and behavioral support plans, to ensure that they are reflective of all residents assessed needs and clinical recommendations. 2. The person in charge shall ensure the transfer of knowledge of plans are applied to the staff team during a team training session held with the centre’s behavioral specialist on the 07 and 14 December 2022. 3. The person in charge shall deliver a further brief on the resident’s risk assessments and associated protocols at the next monthly staff team meeting held on the 13 January 2023. 4. Following the updated plans, the person in charge shall conduct a review of all 	

restrictive practices implemented for all residents as part of their assessed needs, to ensure.

a) Restrictions are identified and recorded on the Centre restrictive practice register.

b) Are monitored and evaluated in conjunction with the Centre's behavioral specialist to ensure the least restrictive procedure is applied for the shortest duration of time.

c) All staff team are fully informed of all the restrictive practices procedures in place for all residents and such procedures are applied in accordance with national policy and evidence-based practice.

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 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	13/01/2023
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	13/01/2023
Regulation 07(4)	The registered provider shall ensure that, where	Substantially Compliant	Yellow	13/01/2023

	restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.			
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