Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Rockfield
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	06 July 2023
Centre ID:	OSV-0008365
Fieldwork ID:	MON-0040358

About the designated centre

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

Rockfield is a bungalow situated on a large site with mature trees in Co. Wicklow. It is located in a rural location but is close to a number of towns and local amenities. Young people have access to transport driven by staff to support them to access school and activities they enjoy. Rockfield provides 24-hour care for up to three young people between 12 and 18 years of age who have a diagnosis of intellectual disability, and/or autism. Rockfield is divided into three individualised apartments and it has a number of communal areas such as a kitchen come dining room, a utility and laundry room, a staff office, and a sitting room. Each apartment has its own self-contained garden and there is also a large garden space to the back of the property. Young people are supported by a staff team consisting of a person in charge, team leader, deputy team leaders, assistant support workers, and a panel of relief staff.

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 (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
Thursday 6 July 2023	09:40hrs to 16:00hrs	Marie Byrne	Lead
Thursday 6 July 2023	09:40hrs to 16:00hrs	Michael Keating	Support

What residents told us and what inspectors observed

This risk-based, unannounced inspection was completed following the receipt of solicited and unsolicited information by the Chief Inspector of Social Services about the centre. Overall, the inspectors found that the provider had just recently implemented a governance improvement plan in response to concerns they had also received about the centre. Overall, the findings of this inspection were that the provider required further time to fully implement their plan. In addition, inspectors found that further improvements were required in relation to staffing and medicines management in the centre.

There were three young people living in the centre at the time of the inspection. The inspectors had the opportunity to meet two young people and to observe the other young person as they got ready to go for a trip in the car with staff. This young person chose not to engage with inspectors. Throughout the inspection they each appeared comfortable in their home, and in the presence of members of the staff team. In addition, throughout the inspection staff took every opportunity to speak with inspectors about young people's talents, likes, dislikes, and goals.

From speaking to the young people and staff and a review of documentation, it was evident that they had things to do, and things to look forward to now that they were on school holidays. On arrival to the house, inspectors could hear laughing coming from one of the gardens in the centre, and later learned from this young person that they were playing football with staff. One young person had plans to go swimming in the afternoon, but they changed their mind as they were feeling a little bit tired. Another young person went out with their family members for a couple of hours, and another resident went out for a long drive with staff in the afternoon.

There were a number of in-house activities which young people could choose to engage in. For example, one young person likes to bake, and did so regularly in their apartment. There were board games, toys, puzzles, arts and crafts supplies, televisions, tablet computers, and games consoles available in the centre. Each young person's garden had outdoor equipment such as swings and trampolines, and they had access to balls and other sports equipment.

One young person spoke with an inspector about how they liked the way staff communicated with them and respected their privacy. For example, they said they knock on their door before they entered their bedroom. They told the inspector they were happy and felt safe living in the centre.

The house and apartments were found to be clean and well maintained during this unannounced inspection. The centre appeared comfortable and homely. There was adequate private and communal spaces, and restrictive practice reduction plans were in place to support young people to spend more time in communal areas. Each of the apartments had a bedroom, bathroom, and living area with a kitchenette. Cooking equipment and laundry facilities were available in the main part of the

house. Cooking equipment was made available in the young people's apartments in line with their wishes and individual risk management plans.

There was information available in posters, easy-to-read documents and social stories for young people in relation to areas such as their rights, safeguarding, fire safety, the availability of independent advocacy services and the confidential recipient, and infection prevention and control. Young people had posters of their favourite characters, movies or sports teams on display in their apartments. They also had pictures of their family, friends and representatives. Visual schedules were in place for some residents, and picture exchange communication systems were available to support them to make choices about how they wished to spend their time.

It was clear from speaking with young people and staff that keeping in touch with, visiting, and being visited by their family and representatives was very important. Inspectors viewed records that showed regular contact between young people and their family and representatives. Some young people were travelling to meet and stay with the important people in their lives. One young person went out with their family during the inspection and were observed to be very happy leaving, and very happy on their return. The six-monthly review of the care and support completed by the provider had a section for the views of residents and their representative but notes that young people chose not to engage with the auditor, and there were no residents' representatives available to express their views on care and support in the centre. An annual review of the centre was not yet due as the centre was not open 12 months at the time of the inspection.

Overall, young people were observed to appear comfortable in the centre, and with the levels of support offered by staff. The provider was aware of the areas where improvements were required and implementing an action plan to bring about these improvements. They required more time to fully implement this plan and inspectors found that further improvements were required in relation to staffing and medicines management. These will be discussed later in the report under Regulation 15 and Regulation 29.

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

Capacity and capability

This risk-based inspection was completed to follow up on solicited and unsolicited information submitted to the Chief Inspector of Social Services since the centre opened in December 2022. The solicited information related to allegations, suspected or confirmed of abuse of residents, and alleged staff misconduct. There were two pieces of unsolicited information submitted to the Chief Inspector and related to concerns raised about staff turnover and numbers, staff training,

medicines management, young people's care and support, documentation in the centre, risk management, governance, oversight and monitoring in the centre.

Overall, inspectors found that once the provider was made aware of issues relating to documentation, staffing, staff training and development, and governance and oversight of the centre in the weeks before the inspection, they had implemented a governance improvement plan to bring about the required improvements. As part of the governance improvement plan the provider had decided to have a person in charge with sole responsibility for this centre moving forward. Prior to this, the person in charge was identified as such for this and another designated centre.

As previously mentioned, the provider required further time to fully implement the actions of their governance improvement plan; however, inspectors found that the actions they had taken to date had led to improvements in relation to oversight and monitoring, staff training and development, and documentation in the centre. This included improvements to young people's plans and goals. As a result, the documentation in place was clearly guiding staff practice in relation to young people's likes, dislikes, goals, and care and support needs. However, inspectors found that improvements were required to the maintenance of planned and actual rosters to demonstrate that there were enough staff on duty day and night to meet the assessed needs. In addition, improvements were required in relation to practices relating to medicines management in the centre. These areas will be discussed further later in the report.

There was evidence of increased presence of members of the management team and allied health professionals in the centre in the weeks prior to the inspection. For example, the director of operations was present in the centre at least two days a week, the designated officer for safeguarding was in the centre weekly, the provider's quality assurance officer had visited and completed audits, the clinical nurse had attended and completed audits, and the behavior specialist had visited and, or, completed reviews a number of times. In addition, a number of multidisciplinary team meetings had been completed to review young people's plans and goals.

The inspection was facilitated by the team leader in the centre. They were found to be knowledgeable in relation to young people's care and support needs, and motivated to ensure that they were each happy and safe living in the centre. Each staff who spoke with the inspectors was also found to be aware of young people's care and support needs and aware of who to go to if they had any concerns over any aspect of their care and support.

There was a 0.5 whole-time equivalent vacancy for an assistant support worker at the time of the inspection. From a review of staff rosters in the centre it was not evident that there were sufficient numbers of staff on duty to meet the number and needs of the young people living there, at times. There were discrepancies across a number of rosters reviewed in relation to the staff who were on duty, or on leave. In addition, it was not clear on some rosters reviewed which relief staff members were on duty, or if all the required shifts were covered. This will be further discussed

under Regulation 15.

Staff had completed a number of additional trainings in the weeks before the inspection, and more were planned. These trainings were identified as part of the provider's governance improvement plan. Additional on the floor supervision and mentoring had also been completed with staff to ensure they had the required knowledge and competencies to support young people in line with their assessed needs.

Regulation 15: Staffing

There were planned and actual rosters in place; however, from the sample reviewed it was not always evident that the number of staff required to meet the assessed needs of young people in the centre were on duty in the centre, at times. Inspectors were presented with three different rosters for June 2023 and there were discrepancies in relation to the names of staff and the number of staff on duty on a number of occasions.

Discussions with staff indicated that the provider was attempting to ensure continuity of care and support for young people in the centre. However, there had been a number of staff changes in the months preceding the inspection and some short notice unplanned staff leave which the provider was covering with relief staff, or staff in the centre completing additional hours. From a sample of rosters over a a three week period in June, 33 shifts were covered by 6 different relief staff. It was not clear from these rosters how many staff completed additional hours during this time period. Inspectors were informed that there was 0.5 whole time equivalent vacancy for an assistant support worker at the time of the inspection.

Judgment: Not compliant

Regulation 16: Training and staff development

Staff had completed training and refresher training in line with the provider's policy and young people's assessed needs. A number of staff required Fire Marshall training and this was planned after the inspection. In the interim, the provider was ensuring there was always a member of staff on duty who had completed this training and this was detailed on a notice board in the office to ensure staff were aware of who this staff member was.

The person in charge was on leave on the day of the inspection and as a result inspectors could not access staff supervision records. However, there was a staff supervision schedule in place and staff told inspectors they were well supported in their role. In addition, inspectors reviewed a sample of on-the-floor supervision and mentoring records which had been completed by the team leader in the centre.

These records showed discussions around staff's knowledge and competencies in relation to different aspects of their job. They identified areas where their knowledge and skills were strong, and areas where they required additional support, knowledge, or training.

Judgment: Compliant

Regulation 23: Governance and management

Overall, inspectors found that once the provider became aware of a number of areas where improvements were required, they had responded and implemented a number of actions to bring about the required improvements in the centre. They were implementing a governance improvement plan, and required more time to implement the actions to bring about all of the required actions. Their plan was detailed in relation to the actions they were due to take and the timeframes for completion of these actions.

Staff who spoke with the inspectors said they felt very well supported in their roles, particularly by the team leader and person in charge. As part of the provider's review of the centre, they had identified that they were going to have a person in charge responsible solely for this centre moving forward. This plan was due to come into effect in the weeks after the inspection.

Judgment: Compliant

Quality and safety

Overall, inspectors found that once the provider had become aware of concerns relating to the quality and safety of care and support in the centre, they had responded and implemented a number of actions to address these. However, inspectors found that improvements were required in relation to medicines management in the centre.

Overall, from speaking with young people, staff and a review of documentation it was evident that young people had opportunities to make choices, and to engage in activities they found meaningful. They were supported to become aware of their rights and provided with the support of allied health professionals to communicate their choices and wishes. For example, one resident was using picture exchange communication system and some residents were using social stories to support them to make decisions and choices.

Each young person had their own apartment within the house. There was also a number of communal areas they could access. They had their own self-contained

garden, but they could also access a larger outdoor area with the support of staff. The house and apartments were well maintained and decorated in line with young people's preferences. The garden areas were well maintained and young people had access to swings, trampolines and sports equipment of their choice. Young people had access to games and toys, televisions, tablet computers and games consoles in the centre.

Overall, young people, visitors, and staff were protected by the risk management policies, procedures and practices in the centre. There was a central risk register which had just been updated in line with young people's changing needs and incidents in the centre. In addition, young people had individual risk management plans in place which had just been reviewed and updated to ensure the risk control measures were relative to the risk identified. The risk management policy contained the required information and arrangements were in place to identify, record and learn from incidents or adverse events in the centre. Learning following a review of incidents was shared with the staff team at handover, and at staff meetings. it was also leading to the review and update of the relevant documentation.

The provider had arranged for the completion of a number of audits in the centre in the weeks before the inspection. This included medicine management audits and reviews. In the latest medicine audit, some actions were identified in relation to infection prevention and control practices relating to medicines management, and in relation to the documentation relating to medicines management. The nurse who had completed the audit had returned to follow up on these actions to ensure they were completed. During the inspection, an inspector observed a staff member prepare medicines for a young person who was going on a drive for the afternoon. The medicine was prepared, stored, and signed out of the centre in line with the provider's policy and procedures. However, later in the inspection an inspector observed the medicine press open with the keys in it. The office door was also unlocked during this time. The inspector was present during the time that the medicine press was open and requested that a staff member lock it at the earliest opportunity. Improvements were also required to documentation relation to medicine errors and omissions or near misses. This was required to ensure that the documents clearly demonstrated what happened, and to show the follow up actions taken. For example, an inspector had to review three documents and speak to a staff member to see what had actually occurred.

Young people's personal plans included goal setting and development. Examples included, swimming, meals out, shopping, cooking and baking. Social stories were developed to support young people with aspect of their care and support, and for the steps to take to achieve their goals. From a review of daily records, it was evident that young people were making choices and engaging in activities they found meaningful. It was also evident that every effort was being made to support young people to connect with, and visit their family members or representatives. Their personal plans and goals had been recently reviewed and updated.

There were appropriate supports in place for young people who required support to manage their behaviour. Staff had completed training and those who spoke with inspectors were familiar with young people's plans and the supports they may

require. There were a high volume of restrictive practices in the centre and evidence that these were being regularly reviewed and updated in line with young people's individual risk management plans, and incidents in the centre. For example, following a recent increase in incidents for one young person, a review of their supports plans was completed with the behaviour specialist.

The provider was reporting and following up on allegations or suspicions of abuse or neglect in the centre in line with the provider's and national policy. They were implementing additional control measures as required to keep young people safe. As previously mentioned, as part of the provider's governance improvement plan and in response to allegations of neglect, and staff misconduct, the provider had implemented additional controls such as the designated safeguarding officer being in attendance in the centre weekly. As part of their visit they were reviewing documentation and meeting with young people and staff to discuss safeguarding and protection.

Regulation 17: Premises

The premises and gardens were well maintained. Each young person had their own apartment and could access communal areas of the centre with staff support. Areas of the centre were found to be stimulating and there were also areas which provided opportunities for rest and recreation. There were toys and games available, and colourful art work and family pictures on display. Outdoor areas were clean and well maintained and young people had access to outdoor equipment and games if they wished to.

Judgment: Compliant

Regulation 26: Risk management procedures

Adverse events and incidents were managed an reviewed in a timely manner. Actions and outcomes of these reviews were then used to inform practice. Adverse events and incidents were discussed at staff meetings and formed part of weekly reporting between the person in charge and the management team. Some improvements were required to reporting and follow up of medicine-related incidents and this is captured under Regulation 29.

The risk management policy contained the required information and there was a centre-specific risk register which had been recently reviewed in line with incidents and changes in young people's support needs. Each young person had an individual risk management plan which had also been recently reviewed and updated.

There was an emergency plan in place to ensure that staff were aware of what to do, and who to contact in the event of different types of emergencies. There were

records to demonstrate that vehicles were cleaned and regularly serviced and maintained.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There were suitable practices in relation to ordering, receipt and administration of medicines in the centre. However, there were not suitable practices in relation to the storage of medicines on the day of the inspection. As previously mentioned, the presses storing medicinal products and the office door was open for a period of time during the inspection. In addition, improvements were required to the documentation associated with medicine errors, omissions, and or, near misses.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

There was a comprehensive assessment of health, personal, and social care needs in place for each young person in the centre. These had been recently reviewed and updated to reflect their changing needs and circumstances.

Each young person had a personal plan in place which reflected their care and support needs and the supports they required to maximise their personal development. There was evidence to show that young people and their families or representatives were involved in the development of review of their plans. There was also evidence of multidisciplinary input in the development and review of the required plans.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were a considerable amount of restrictive practices in place; however, there was evidence that they were regularly assessed as being required due to risk and in line with young people's assessed needs. There were also restrictive practice reduction plans in place in relation to areas such as, access codes, the use of protective equipment, access to communal spaces, and consideration of less restrictive living environments in the future. Overall, inspectors found that there was evidence of good oversight of restrictive practices to ensure that the least restrictive

practices were used for the shortest duration.

Inspectors found that staff had the up-to-date knowledge and skills to respond to behaviour that is concerning. They had completed training to manage behaviours of concern, and in the use of safety interventions. Staff who spoke with inspectors were aware of young people's assessed needs, and the restrictive practices in place in the centre.

Judgment: Compliant

Regulation 8: Protection

Young people were protected from abuse through the policies, procedures and practices in the centre. The provider was responding to any allegations or suspicions of abuse or neglect. They had reported, investigated, and followed up on them in line with the provider's and national policy. The provider's designated officer for safeguarding was present in the centre one day a week as part of the provider's governance plan. During their unannounced visits they were reviewing documentation and meeting with the young people to ensure they were supported to develop their knowledge and the skills needed for self-care and protection. They was also meeting with staff to ensure they were fully aware of their roles and responsibilities.

There was a child safeguarding statement in place and staff had completed safeguarding and children's first training. Staff who spoke with inspectors were aware of their roles and responsibilities should they become aware of an allegation or suspicion of abuse.

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 15: Staffing	Not compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Rockfield OSV-0008365

Inspection ID: MON-0040358

Date of inspection: 06/07/2023

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 15: Staffing	Not Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: 1. PIC to conduct daily checks of rosters in place to ensure they are reflective of staff on shift including the use of relief staff where required. [01/08/2023] 2. PIC to ensure rosters reflect the needs of the residents. [01/08/2023] 3. PIC to ensure planned and actual rosters are maintained and printed on file. [01/08/2023] 4. PIC to ensure additional hours completed by staff is identified on the roster. [01/08/2023]	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: 1. PIC to ensure medication is adequately stored in a double locked press and keys are always kept on shift leader as per policy and safety statement in place. [01/08/2023] 2. PIC to ensure all staff are aware of the guidance in place for safe storage of medication. [01/08/2023] 3. PIC to review medication administration record sheets twice daily to ensure accurate documentation of medication administration, errors, omissions, and or, near misses. Confirmation of checks to be communicated to the director of operations daily. [01/08/2023]	

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	01/08/2023
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Substantially Compliant	Yellow	01/08/2023
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota,	Not Compliant	Orange	01/08/2023

	showing staff on duty during the day and night and that it is properly maintained.			
Regulation 29(4)(a)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.	Not Compliant	Orange	01/08/2023