



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

Issued by the Chief Inspector

Name of designated centre:	Eden Hill
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Longford
Type of inspection:	Unannounced
Date of inspection:	30 May 2023
Centre ID:	OSV-0008369
Fieldwork ID:	MON-0038606

About the designated centre

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

Eden Hill is a full-time residential service, operated by Nua Healthcare Services Limited providing care and support to children with disabilities between the ages of eleven and 18 years. It is situated in a tranquil rural setting however, two modes of transport are available so as residents can access community based facilities. The service provides high quality living accommodation for up to five children and comprises of a large detached two-storey five bedroom house. Within that house on the ground floor, there is a one bedroom self-contained apartment. All bedrooms in this centre are en-suite. Additionally, there are two communal sitting rooms, a fully equipped kitchen cum dining room, a utility facility, a staff office and a communal bathroom. Residents receive care and support on a 24-hour basis from a team consisting of a person in charge, a deputy team leader, social care workers and assistant support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
--	---

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
Tuesday 30 May 2023	10:30hrs to 17:10hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

This inspection took place over the course of one day and in a manner so as to comply with current public health guidelines to minimise potential risk to the residents and staff. At the time of this inspection, there were 2 residents living in the centre and the inspector met with one of them. Written feedback on the quality of care from a family representative was also viewed by the inspector as part of this inspection process.

The centre comprised of detached two storey house in a quiet rural location in County Longford. Within the house, there was also a one bedroom apartment on the ground floor with its own private entrance.

On arrival to the centre the inspector observed that the premises were well maintained, clean and spacious. The apartment was also decorated and personalised to suit the individual style and preferences of the resident that lived there. The resident also had their own private garden area which was equipped with a basket ball net for them to use at their leisure.

Both residents were invited to speak with the inspector however, one declined and their wishes were respected. This resident had a busy day planned and had organised to attend an appointment and go for a drive. The person in charge explained that the resident liked structure to their day and the inspector observed that they had planned a number of other activities for each day of the week. For example, they had planned to go to the library, go swimming, go for a take-away and a walk, go bowling and spend time on their personal computer.

The other resident spoke directly to the inspector. They said they were very happy in the house, they loved it there and that the staff team were great. When asked what they liked about the house they said that they loved the countryside and location of their home. The resident also liked to exercise on a regular basis and told the inspector that they loved to play football and had recently bought a new pair of football boots. They said that in the future, they would like to play football with a local football team.

Towards the end of the conversation the resident said that they had plans to go to a garden centre later in the day and were looking forward to that. They also said that they had everything they needed in the house, they loved their room and that they had no problems with the staff team.

Feedback from one family member was equally as positive. For example, a family member reported that their relative appeared very happy in the house and thanked the staff for the work that they did.

The inspector observed that at residents meetings, staff explained to residents that they had the right to complain about any aspect of the quality or safety of care

provided in the service. Residents were also encouraged to talk with staff if they had any concerns. However, at the time of this inspection, there were no complaints on file. At these meetings residents also agreed menus for the week and organised what social activities to participate in.

The next two sections of the report outline 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 residents' lives.

Capacity and capability

Residents appeared happy and content in their homes and systems were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which was led by a person in charge. They provided leadership and support to their staff team and were supported in their role by a deputy team leader and a director of operations.

The person in charge was employed on a full-time basis with the organisation and was a qualified social care professional with a number of years experience of working in and managing services for people with disabilities. Over the course of this inspection, they demonstrated a good knowledge of the residents' assessed needs and were aware of their responsibilities and legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

A review of a sample of rosters from May 2023 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection. The provider also had contingency plans in place to manage planned and unplanned leave.

Staff were not spoken with as part of this inspection process as they were busy supporting the residents with their daily routines and supporting community based activities in line with the residents individual personal plans and assessed needs. However, from a small sample of documentation viewed, staff were receiving formal supervision (facilitated by the person in charge) so as to review their work and provide on-going support to individual staff members.

From a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents. For example, staff had undertaken training in safeguarding of vulnerable adults, children's first fire safety and the safe administration of medicines.

The provider had systems in place to monitor and audit the service. While the annual review of the quality and safety of care was not yet due to be completed at

the time of this inspection, a six-monthly unannounced visit to the centre had been carried out in March 2023. Other local audits were also being facilitated. On completion of these audits, action plans were developed to address any issues identified in a timely manner.

Regulation 14: Persons in charge

The person in charge was a qualified and experienced social care professional and was found to be aware of their legal remit to S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the regulations).

They also held an additional qualification in management.

On this inspection they were found to be aware of their legal remit to the regulations and, responsive to the inspection process.

For example, they were aware that the statement of purpose had to be updated on an annual basis and to notify the chief inspector of any adverse incident occurring in the centre as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

A review of a sample of rosters from May 2023 indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge on the day of this inspection.

For example, in addition to the person in charge, there were four staff working days in the centre and two staff working live nights.

Judgment: Compliant

Regulation 16: Training and staff development

From a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the skills to respond to the needs of the residents.

For example, staff had undertaken training in the following:

- Safeguarding of Vulnerable Adults
- Fire Safety
- Manual Handling
- Basic First Aid
- Safe Administration of Medicines
- Children First
- Behavioural Support
- Protection and Welfare
- Intimate Care
- Autism
- Blood Pressure
- Risk Assessment

Staff were also receiving formal supervision and support from the person in charge.

Judgment: Compliant

Regulation 23: Governance and management

The centre had a clearly defined management structure in place which was led by the person in charge. They provided leadership and support to their staff team and were supported in their role by a deputy team leader and a director of operations.

The provider also had systems in place to monitor and audit the service as required by the regulations. While the annual review of the quality and safety of care was not yet due to be completed at the time of this inspection, a six-monthly unannounced visit to the centre had been carried out in March 2023. Other local audits were also being facilitated.

On completion of these audits, action plans were developed to address any issues identified in a timely manner.

For example, some issues had been identified with the plasterwork in parts of the premises, gaps in documentation pertaining to the residents (to include hospital passports and daily planners) and with the dating and labelling of open food items in the fridge.

These issues had been identified in the auditing process, actioned and addressed by the person in charge at the time of this inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose on an annual basis (or sooner) as required by the regulations.

Judgment: Compliant

Quality and safety

The residents living in this service were supported to live their lives based on their individual preferences and choices and, systems were in place to meet their assessed needs.

Residents' assessed needs were detailed in their individual personal plans and from a sample of files viewed, they were being supported to achieve goals of their choosing and frequent community-based activities based on their interests. They were also being facilitated and encouraged to maintain contact with family members.

Residents were being supported with their healthcare-related needs and had as required access to allied healthcare professionals. They were also supported to experience positive mental health and where required, had access to psychotherapy and behavioural support. Positive behavioural support guidelines were also incorporated into the residents individual personal plans which guided staff on how to provide person-centred care to residents that required support with behavioural issues.

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. Systems were also in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being. Additionally, infection prevention and control (IPC) measures were in place to mitigate against the risk of an outbreak of COVID-19 and other infectious diseases in the centre.

Adequate fire fighting systems were in place to include a fire alarm panel, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations. Staff also had training in fire safety and fire drills were being

conducted as required. Additionally, each resident had an up-to-date personal emergency evacuation plan in place.

Overall this inspection found that the individual choices and preferences of the residents were promoted and they were being supported to choose their daily routines and engage in activities of their preference and liking.

Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents. Each resident had their own en-suite bedroom which were decorated to their individual style and preference.

On the day of this inspection, the premises were well maintained clean, spacious, warm and welcoming.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre.

There was a policy on risk management available and each resident had a number of individual risk assessments on file so as to support their overall safety and well being.

For example, where there was a risk of behaviours that challenge or a resident absconding from the centre, control measures were in place to manage this risk to include:

- 2:1 staffing support and supervision for both residents during the day
- 1:1 waking night staff support and supervision for both residents
- ongoing support from allied healthcare professionals (to include psychotherapy and behavioural support)
- behavioural support guidelines formed part of the residents individual personal plans which guided staff on how to provide person-centred care to residents that required support with behavioural issues.

Judgment: Compliant

Regulation 27: Protection against infection

Infection control measures (IPC) were in place to mitigate against the risk of an outbreak of COVID-19 and other infectious diseases in the centre.

Additionally, staff had been provided with training in IPC related topics to include:

- Infection Prevention Control
- Hand Hygiene
- Food Hygiene
- Donning and Doffing of Personal Protective Equipment (PPE)

The person in charge informed the inspector that there were also adequate supplies of PPE available and hand sanitising gels were in place throughout the centre.

Additionally, the inspector observed that there were a number of cleaning schedules in place in the centre

The premises were also laid out to meet the needs of the residents and on the day of this inspection, appeared clean and well maintained.

Contingency plans were also in place to detect, manage and respond to an outbreak of an infectious disease in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Adequate fire fighting systems were in place to include a fire alarm panel, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations. Staff had also completed training in fire safety.

Fire drills were being conducted as required and each resident had an up-to-date personal emergency evacuation plan in place.

The inspector observed that the fire alarm panel was located in the office on the first floor of the centre and asked the person in charge why it wasn't located adjacent to the front door of the premises. The person in charge informed the inspector that there was a high probability that the residents would break or tamper with the panel and this is why it was located on the first floor.

The inspector asked for written assurances from a qualified professional that this arrangement was appropriate. Prior to the end of the inspection the engineer who services the fire equipment in the centre sent an email to the person in charge informing them that access to the panel should not be restricted unless there is a

risk to it being damaged. Because there was a risk to the panel in this centre the engineer reported that such damage could result in a period of non-operation of the entire fire system while it was being repaired or replaced and the best course of action was to restrict access to the system to staff only and that the only suitable location would be the staff office.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' assessed needs were detailed in their individual personal plans and from a sample of files viewed, they were being supported to achieve goals of their choosing and frequent community-based activities. One resident preferred structure to their routine while another was more spontaneous and this was reflected in their daily planners.

On a review of a sample of those daily planners the inspector observed that residents were being supported to:

- have lunch out
- go for drives
- go bowling
- go to the local library
- go swimming
- engage in farming activities
- engage in exercise programmes
- go for walks and
- go shopping

On the day of this inspection one resident was busy attending an appointment while another informed the inspector they had plans to go to a garden centre to buy some plants.

Residents were also supported to keep in regular contact with their families.

Judgment: Compliant

Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to allied healthcare professional and behavioural support.

This included as required access to the following services:

- general practitioner (GP)
- occupational therapy
- chiropody
- psychotherapy
- behavioural therapist

Additionally, each resident had a hospital passport on file.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection there was one safeguarding concern in the centre. However, the inspector observed this issue had been investigated in the service and no grounds for concern had been found. Notwithstanding, as required by the regulation, the centre had reported the issue to HIQA and to the relevant safeguarding and protection team.

Residents were also encouraged to speak with staff if they had any concerns about the quality and safety of care provided in the service and informed at their meetings that they had the right to complain. However, there were no complaints about any aspect of the service at the time of this inspection.

Additionally, from a small sample of files viewed, staff had training in Children's First, Protection and Welfare and Safeguarding of Vulnerable Adults.

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 3: Statement of purpose	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 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant