



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

Issued by the Chief Inspector

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|----------------------------|---------------------------------|
| Name of designated centre: | The Meadows |
| Name of provider: | Nua Healthcare Services Limited |
| Address of centre: | Kildare |
| Type of inspection: | Short Notice Announced |
| Date of inspection: | 18 February 2021 |
| Centre ID: | OSV-0003384 |
| Fieldwork ID: | MON-0031806 |

About the designated centre

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

The service provider had produced a statement of purpose which outlined the services provided within this centre. The centre is managed by Nua Healthcare Services and aims to provide 24-hour care to both female and male adults some of whom have autism. The centre comprises of one large bungalow which provides accommodation to four residents. There is also a living complex attached to the bungalow where one resident resides. The centre is located in a rural setting in Co. Kildare and residents have access to a number of vehicles in order to access activities in their local communities. The person in charge is employed full-time in the centre and is supported by deputy team leaders. The skill mix in the centre includes 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: | 5 |
|--|---|

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|------------------------------|-------------------------|-------------|------|
| Thursday 18 February 2021 | 10:00hrs to 15:00hrs | Marie Byrne | Lead |

What residents told us and what inspectors observed

From what residents told the inspector, from what was in their questionnaires and from what the inspector observed, it was evident that residents felt safe and were happy living in the designated centre. Residents appeared happy and content in their home and the inspector observed kind, caring and respectful interactions between residents and staff during the inspection. It was evident that every effort was being made to ensure that they were in receipt of a good quality and safe service.

The inspector had the opportunity to speak with two residents living in the centre. However, the time spent with residents was limited and done in line with public health advice during the COVID-19 pandemic. The inspector reviewed documentation in an office and then briefly met with the residents who were at home. During the inspection, the inspector observed the other three residents who lived in the centre leaving and arriving home following trips in the car to the local community with staff. The inspector did not have an opportunity to meet them, but they each appeared happy and comfortable in the presence of staff. Each resident had completed, or was supported to complete a questionnaire in relation to care and support in the designated centre prior to the inspection.

On arrival to the centre, the house was quiet and the atmosphere was relaxed. Residents were spending time in different areas of the house, or were out and about in the local community with the support of staff. There were four cars available to support residents to access their local community.

When the inspector met with two residents, they both told them that they were happy living in the centre. They described food as good and both said that staff were "very good" to them. They described things they had done the morning of the inspection and things that they were looking forward to doing later that day.

There were a number of communal spaces in the house where residents could choose to spend their time relaxing in, or engaging in activities of their choice. These included a kitchen come dining room, a conservatory and large sitting room. In a number of these spaces there were televisions and puzzles and games available. There was also exercise equipment available and one resident told the inspector that they used this equipment when the weather wasn't nice enough to go out for a walk.

A number of times during the inspection residents were heard chatting to staff in the kitchen come dining room, and the inspector could smell freshly cooked food coming from the kitchen numerous times during the inspection. Each resident had their own bedroom which was decorated in line with their wishes and contained plenty of storage for their personal items. They had pictures, artwork and soft furnishings of their choosing in their rooms.

Residents meetings were occurring regularly and discussions were being held in relation to social events, menu planning, changes in the centre, rights, complaints, safeguarding and advocacy. There was information available for residents in an appropriate format in relation to COVID-19 including phases and levels of COVID-19 restrictions. There was also information available in relation to safeguarding, complaints, rights and advocacy. Residents were supported by a keyworker and they were meeting at least monthly to discuss their care and support needs, identify their goals, and to review and update their personal plans. Residents' rights, complaints and advocacy were also discussed during these meetings.

Residents and their representatives feedback was being captured by the provider using an annual customer service feedback survey. This survey related to the quality and standard of service in the centre. The results of these surveys were included in the provider's annual review. At the time of the latest annual review, there were four residents living in the centre and they had all completed a survey. Their feedback was positive with residents indicating they were happy with, their bedrooms, food in the centre, staff supports, and their access to activities.

Two residents' representatives views were captured in this review. Their feedback was very positive with both indicating they were happy with how their relative was supported in the centre and with how they were being kept up-to-date and involved by staff in the centre. One residents' family member described staff as "fantastic" and commented on how happy their relative was living in the centre. The other residents' family member passed on their appreciation to staff for looking after their family member so well.

In their questionnaires completed prior to the inspection, each resident indicated that they were happy with the comfort and warmth in the centre and their access to the garden. Each of them indicated that they were happy with their bedroom, the amount of space they have for their belongings, how safe their belongings were and their access to laundry facilities. Residents indicated they had been living in the centre for between two months and seven years.

Each resident also indicated they were happy with the amount of choice they have and the how their dignity was respected in the centre. They described activities they enjoyed both at home and in the community. These included activities such as, doing arts and crafts, going to the local shops, going to the church, going for walks, listening to music, going for a drive, and using computers. A number of residents referred to the impact of restrictions relating to the COVID-19 pandemic on their access to activities which they usually enjoyed regularly such as, swimming, bowling, going to the gym, going shopping, going to day services, playing snooker, and going horse riding. A number of residents also referred to how much they were looking forward to seeing their family and friends once the current level of restrictions were finished.

Residents described choices they enjoyed making in the centre such as what activity they would like to take part in, and what meals they would like and when. One resident stated they were "happy with everything" and that they "did not want to change anything" in the centre. They also described that staff as "lovely" and stated

that they got "along with all of them". Another resident expressed how happy they were in the centre and described how much they liked their bedroom. They stated they felt safe and secure in the centre and talked about how important it was to them to know what staff were on duty each day.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

The provider and person in charge had systems in place to monitor the quality of care and support for residents in the designated centre. Resident told the inspector during the inspection, and in their questionnaires that they were happy and felt safe in the centre. The staff team were motivated to ensure residents were being supported to engage in activities of their choice and to to develop and maintain their independence. Works had been completed in the centre since the last inspection which had contributed to the house appearing more homely and comfortable. Further works were planned to install a new kitchen, with an installation date identified for March 2020. Overall, the findings of this inspection were that the centre was well managed and this was resulting in residents being in receipt of a good quality and safe service. Some improvements were required in relation to the documentation of information in the centre relating to residents' assessments and their "as required" medicines.

The management structure clearly identified the lines of authority and accountability and staff had specific roles and responsibilities. The person in charge, deputy team leader and director of operations were maintaining oversight of the centre by completing regular audits and reviews and identifying areas for improvement. These included annual and six monthly reviews by the provider, regular audits relating to residents assessments and personal plans, health and safety, protection against infection, safeguarding, and medication management, and there was evidence of regular staff and management meetings in the centre.

The person in charge was full time and had the qualifications, skills and experience to manage the centre. They had worked in the centre for a number of years and it was evident that they had systems in place to ensure the effective governance, operational management and administration of the designated centre. They were found to be knowledgeable in relation to residents' care and support needs and motivated to ensure they were happy, safe, and engaging in activities they enjoyed.

Residents were supported by a staff team who were familiar with their care and support needs. Throughout the inspection, residents were observed to receive support in a kind, caring and respectful manner. Staff were observed to take the time to listen to residents. It was evident that every effort was made to

ensure residents were in receipt of continuity of care and support, as this was particularly important for residents in the centre.

There were effective systems to support staff to carry out their roles and responsibilities to the best of their abilities. Staff were in receipt of regular formal supervision. They had access to training and refresher training in line with residents' assessed needs. Staff who spoke with the inspector were aware of their roles and responsibilities and motivated to ensure residents were happy and staying busy during the pandemic.

The provider had an admissions policy and procedures in place. The criteria for admissions was also outlined in the centre's statement of purpose and residents' contracts of care. From a review of admissions in the centre, residents' admissions to the centre had occurred in line with the organisations policies and procedures. However, it had been documented in one residents' assessment that their admission had not been completed in line with the admissions criteria in the centre's statement of purpose or residents' contracts of care. Each resident had a contract of care which contained information in relation to care and support in the centre, the services to be provided for residents, and where applicable the fees to be charged.

Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the required information with the application to renew the registration of the designated centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the required qualifications, skills, qualified and experience to fulfil the role. They were motivated to ensure that each residents was happy, safe and engaging in activities which were meaningful to them.

They were actively engaged in the governance, operational management and administration of the centre.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient numbers of staff to meet the number and assessed needs of residents in the centre. Residents were in receipt of continuity of care as there was a regular relief panel identified for the designated centre.

There were planned and actual rosters and they were well maintained.

Nursing support was available as required, through a regional nurse employed by the organisation.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training and refresher training in line with residents' assessed needs and they were in receipt of regular formal supervision.

Judgment: Compliant

Regulation 22: Insurance

There was written confirmation of insurance to confirm that valid insurance was in place.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management systems in place and staff had specific roles and responsibilities in the designated centre.

The management systems were ensuring that care and support for residents was being closely monitored. These systems included regular audits in the centre, and an annual review and six monthly reviews by the provider or a person nominated by them. These audits and reviews were identifying areas of good practice and areas for improvement.

Staff meetings were occurring regularly and the agenda items were found to be varied and resident focused. Learning following incidents, accidents and near misses were discussed at these meetings.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had an admissions policy and procedures in place. From the sample reviewed, residents' admissions to the centre had occurred in line with the organisations policies and procedures. However, it had been documented in one residents' assessment that their admission had not been completed in line with the admissions criteria in the centre's statement of purpose or contracts of care in the designated centre.

Each resident had a contract of care which contained information in relation to care and support in the centre, the services to be provided for, and where applicable the fees to be charged.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose contained all of the required information, and had been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The Chief inspector was notified in relation to incidents occurring in the centre, in line with the requirement of the Regulations.

Judgment: Compliant

Quality and safety

The provider and person in charge were ensuring that residents were being supported to make choices and to engage in meaningful activities. Residents lived in a clean, warm and comfortable home. As previously mentioned, some improvements

were required in relation to documentation in the centre to ensure it was accurate and fully guiding staff to support residents in line with their care and support needs.

Works had been completed to the premises since the last inspection and these works had resulted in the house appearing more homely and comfortable. In addition, the provider had plans in place to renovate the kitchen. It was evident that every attempt was made to ensure the house and particularly residents' bedrooms were decorated in line with their wishes and preferences. The house was well maintained both internally and externally. During the inspection residents appeared content and comfortable in their home. They moved around their home as they wished and were seen to choose to spend time in different parts of the centre at different times depending on what they wanted to do.

Residents were being supported to enjoy best possible health. There were systems in place to ensure residents could be supported to access a general practitioner (GP) and other allied health professionals during the pandemic. They had assessments in place and health monitoring plans were developed and reviewed, as required. Residents were being supported to access national screening programmes in line with their wishes and their assessed needs.

During the inspection, the premises was found to be clean. There were cleaning schedules in place, which had been adapted in line with COVID-19. The provider had developed and updated existing policies, procedures and guidelines for use during the pandemic. They also had contingency plans, including an area specific contingency plan. This area specific plan was being regularly reviewed and updated during the pandemic and staff's roles and responsibilities were clearly outlined. Information was available for residents and staff in relation to COVID-19 and infection prevention and control. There were systems to ensure there were adequate supplies of PPE at all times. Staff had completed training in infection prevention and control and the use of PPE.

Overall, residents were protected by the medication policies, procedures and practices in the centre. There were appropriate systems in place for the ordering, receipt, prescribing, storing and administration of medicines. However, two residents prescriptions and protocols for "as required" medicines required review in relation to the rational the administration of these medicines. Medication audits were being completed regularly and there were systems in place for stock control.

There were a number of restrictive practices in place in the centre. These were detailed in the restrictive practice register, which was regularly reviewed and updated. There had been a reduction in restrictive practices since the last inspection and plans were in place to further reduce them. It was evident that consideration was given to the use of the least restrictive practices for the shortest duration. Residents' support plans were detailed in relation to any supports that may required to manage their behaviour. Staff had access to training to support residents in line with their assessed needs. Incident review and trending was being completed regularly.

Regulation 17: Premises

Overall, the centre was found to be clean, warm, comfortable and well maintained. The provider had completed a number of works since the last inspection including painting and decorating in a number of areas. The provider had identified at the last inspection that they planned to install a new kitchen but these plans had been delayed due to restrictions relating to the COVID-19 pandemic. The new kitchen was due for installation in March 2021.

Residents appeared comfortable and content in their home and they also reported this in their questionnaires.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide was available in the designated centre and it contained all of the required information. It included a summary of the services and facilities provided for residents, the terms and conditions of residency, arrangements for resident involvement in the running of the centre, how to access inspection reports in the centre, the procedure respecting complaints and arrangements for visits.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had policies and procedures in relation to infection prevention and control and they had developed further policies, procedures and guidelines to guide staff practice during the COVID-19 pandemic. Staff had completed hand hygiene, infection control and PPE training and there was information readily available in the centre for residents and staff in relation to COVID-19.

The premises was clean and there were cleaning schedules in place to ensure all areas of the house were regularly cleaned.

There were adequate supplies of PPE available and systems in place to ensure there were adequate stocks available at all times.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Overall, residents were protected by appropriate policies, procedures and practices relating to the ordering, receipt, storage and disposal of medicines. The inspector found that improvements were required in relation to the documentation of two residents' "as required" medicines. These were required to ensure their prescriptions and protocols for the use of their "as required" medicines were clearly guiding staff in relation to the rationale for administering these medicines.

Audits including stock control were completed regularly and medication related incidents were documented and appropriately followed up on. Staff had access to training in the safe administration of medication and practical administration, prior to administering residents' medicines.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were being supported to enjoy best possible health. They had their healthcare needs assessed and support plans and health monitoring plans were developed and reviewed as required.

Residents had access to allied health professionals in line with their assessed needs and were accessing the National Screening Programmes in line with their wishes and their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had the knowledge, skills and training to support residents. Residents' personal plans were detailed in relation to supporting them and these plans were regularly reviewed and updated in line with residents' changing needs.

Restrictive practices were logged and regularly reviewed and it was evident that efforts were made to ensure the least restrictive were used for the shortest duration.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

| Regulation Title | Judgment |
|--|-------------------------|
| Capacity and capability | |
| 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 24: Admissions and contract for the provision of services | Substantially 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 27: Protection against infection | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Substantially compliant |
| Regulation 6: Health care | Compliant |
| Regulation 7: Positive behavioural support | Compliant |

Compliance Plan for The Meadows OSV-0003384

Inspection ID: MON-0031806

Date of inspection: 18/02/2021

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 24: Admissions and contract for the provision of services | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: The Person in Charge will ensure that each admission to the designated Centre is determined based on transparent criteria in accordance with the Statement of Purpose or contracts of care</p> <p>1. The documentation relating to the last admissions was reviewed and updated by the PIC [completed on 19/02/2021].</p> | |
| Regulation 29: Medicines and pharmaceutical services | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The Person in Charge will ensure that the following actions are implemented in the Centre;</p> <p>1. The documentation relating to 'as required' medicines were reviewed and updated by the PIC [completed on 05/03/2021].</p> <p>2. PIC shall ensure that the documentation relating to 'as required' medicines outline clear rationale for the administration of same [completed on 05/03/2021].</p> | |

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 24(1)(b) | The registered provider shall ensure that admission policies and practices take account of the need to protect residents from abuse by their peers. | Substantially Compliant | Yellow | 19/02/2021 |
| Regulation 29(4)(b) | 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 medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident. | Substantially Compliant | Yellow | 05/03/2021 |

