



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

Issued by the Chief Inspector

Name of designated centre:	The Glade
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Louth
Type of inspection:	Announced
Date of inspection:	02 August 2022
Centre ID:	OSV-0005398
Fieldwork ID:	MON-0028591

About the designated centre

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

This is a centre providing full-time residential services for up to 6 adults with disabilities. The centre comprises of a large, detached two-story dwelling located in Co. Louth. Each resident has their own private bedroom (four of which are en-suite) and communal facilities include a large kitchen/dining area, two sitting rooms and private gardens areas to the front, side and rear of the premises. Transport is provided to residents so as they have access to community based facilities such as shops, post-office, banks, restaurants, hotels and shopping centres. Residents have a range of educational and day service options available to them, where they can engage in a range of educational and social activities of interest to them, attend school or engage in skills development training initiatives. There are systems in place so as to ensure the healthcare needs of the residents are provided for and access to a range of allied healthcare professionals form part of the service provided. The centre is staffed on a 24/7 basis with a qualified person in charge, a team leader, a two deputy team leaders and a team of social care workers/assistant support workers. There is also a management on-call system in place so as to support the overall governance and managerial oversight of the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Tuesday 2 August 2022	10:00hrs to 17:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The inspection took place over one day in a manner so as to comply with current public health guidelines and minimise potential risk to the residents and staff. At the time of this inspection the service was providing residential care and support to five adults with disabilities and comprised of a large detached house in Co Louth. Within that house one of the residents had their own self-contained apartment area.

The centre was located in a rural setting but within driving distance to a number of villages and large towns. The inspector spoke with one resident intermittently over the course of the day and one family representative over the phone so as to get feedback on the quality and safety of care provided in the service.

Throughout 2021 and 2022, HIQA received a number of notifications from this centre reporting allegations of peer to peer related abuse. Many of these issues were related to compatibility issues between the residents and the noise levels in the house. While the provider had taken a number of steps to address these issues, they had not been fully resolved at the time of this inspection. This will be discussed further in the next two sections of this report.

On arrival to the house the inspector observed the premises were clean and generally well maintained. The inspector met with one resident, the person in charge, the director of operations and one staff member. The resident met with appeared happy in their home, smiled and said hello to the inspector. The person in charge explained that the other residents were out and about on the day of this inspection and one of them was on a short holiday break.

From a review of a sample of files the inspector observed that residents had personal plans in place which detailed their support needs. Some residents attended a day service where they engaged in learning and social activities of their choosing. Residents also had goals and/or outcomes detailed in their plans.

For example, one resident wished to enhance their independence skills, engage more in household tasks and attend a health-spa. Future goals were also detailed such as planning for a holiday and joining a sports club. The resident spoken with informed the inspector that they were making plans to go on their holidays later this year and were very much looking forward to their break away.

The family member spoken with was positive and complimentary about the quality and safety of care provided in the service. They said that their relative was very happy living there, staff were brilliant and they were very happy with the service overall. They also said their relative gets on well with the staff team and, they were made to feel more than welcome to visit the house at any time.

They reported their relative was very happy with their room and would let them know if there had any issues in the house. Additionally they said that their relatives

healthcare needs were being provided for and overall, they were happy with the quality and safety of care provided in the centre.

The inspector was invited to view some of the bedrooms and saw that they were clean and decorated to the individual style and preference of the residents. A large, well maintained garden area was also available for residents to relax in during times of good weather.

At times over the course of the day, the inspector observed one staff member interacting with the one resident who was at home during this inspection. They were observed to be kind and caring in their interactions with the resident and the resident was observed to be relaxed and comfortable in the company and presence of staff.

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

The resident met with as part of this inspection process appeared very happy and content in their home and feedback from one family representative was positive and complimentary on the service provided. However, some residents in this service presented with significant and complex behaviours of concern which had resulted in a number of compatibility issues between residents and safeguarding concerns. While the provider had taken a number of steps to address these issues, they had not been fully resolved at the time of this inspection.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis with the organisation. The person in charge had only recently commenced working in this house, but was found to be aware of their legal remit to the regulations and aware of the assessed needs of the residents.

In advance of this inspection, the number of statutory notifications coming in from this centre reporting adverse incidents and allegations of abuse raised concerns. As a result HIQA requested the provider to submit a provider assurance report outlining how these issues would be addressed. HIQA also met with the management team of the service in July 2022, so as to discuss the assurances as outlined in that provider assurance report.

In response, the provider had increased the staffing numbers in the centre, increased the management presence and management oversight of the centre and had appointed a new, qualified and experienced person in charge. Staff had also been provided with additional training to include safeguarding awareness and training in 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). On-going support and guidance from a behavioral specialist with regard to supporting residents with complex behaviours was also available in the centre.

At the time of this inspection, the person in charge was being supported by a team leader, two deputy team leaders and a director of operations. The director of operations was regularly in the centre and provided on-going support to the person in charge. Two residents were on 2:1 staff support for twelve hours each day and two residents were on 1:1 staff support each day. There were two waking night staff on duty each night and one sleep-over staff.

Additionally, the provider had taken a number of other steps so as to address the compatibility and safeguarding issues in the centre. For example, one resident had been provided with their own apartment area in the house, with their own front door and more recently a private garden area had also been made available for this resident to relax in.

However, while the above interventions and additional supports had helped alleviate some of the ongoing issues in the centre, they had not been fully resolved at the time of this inspection. For example, on a number of occasions in July 2022 one resident presented with behaviours of concern creating excessive noise in the car park of the centre and, a complaint had been made from an external party about this issue. Additionally in July 2022 another resident (on occasion) created disturbances in the kitchen area of the house, upturning furniture and throwing objects. Therefore the inspector found that the management systems in place in the designated centre required further review so as to ensure the service was at all times, safe and appropriate to the needs of all the residents living in this house.

On review of a sample of staff rosters in July 2022 the inspector observed that there were adequate staffing arrangements in place in the centre as described by the person in charge and, there was a regular management/team lead presence available to support the staff team. Two staff files were also reviewed as part of this inspection process and it was observed that both staff had been vetted as required by the regulations.

The person in charge ensured staff were trained and supervised so that they had the required skills and knowledge to meet the needs of the residents. For example, staff had undertaken a comprehensive suite of in-service training to include safeguarding of vulnerable adults, positive behavioural support, safe administration of medication, basic first aid, fire safety awareness and risk assessment. However, it was observed that not all staff had training in mental health which according to the statement of purpose, was a requirement for all staff working in this centre.

The person in charge was found to be responsive to the inspection process and 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). For example, they were aware that the statement of purpose had to be reviewed annually (or sooner), if required. They

were also aware of their legal obligation to notify the chief inspector of any adverse incident occurring in the centre as required by the regulations.

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It has recently been updated by the person in charge and, consisted of a statement of aims and objectives of the centre. It also detailed the facilities and services which were to be provided to residents.

The person in charge and director of operations ensured the centre was monitored and audited as required by the regulations. There was an annual review of the quality and safety of care available in the centre for 2021, along with six-monthly auditing reports. Arising from these audits were actions plans so as to address any issues found.

For example, the auditing process identified that the concept of rights was to be discussed with the residents through key-working sessions, the statement of purpose required review, some risk management plans required updating and an easy to read annual review was to be made available to the residents. All these issue had been actioned and addressed at the time of this inspection.

Registration Regulation 5: Application for registration or renewal of registration

The provider submitted a complete application for the renewal of registration of the centre in a timely manner.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had only recently commenced working in this house but was found to be aware of their legal remit to the regulations and aware of the assessed needs of the residents. They also had the appropriate experience and qualifications for the role of person in charge.

Judgment: Compliant

Regulation 15: Staffing

On review of a sample of staff rosters in July 2022 the inspector observed that there were adequate staffing arrangements in place in the centre as described the the person in charge. Two staff files were also reviewed as part of this inspection

process and it was observed that both staff had been vetted and their files met the requirements of Schedule 2 of the Regulations,

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured staff were trained and supervised so that they had the required skills and knowledge to meet the needs of the residents. However, it was observed that not all staff had training in mental health which according to the statement of purpose, was a requirement for all staff working in this centre.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The centre had an up-to-date directory of residents that met the requirements of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The provider submitted up-to-date insurance details for the centre as required for the regulations.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place in the designated centre required further review so as to ensure the service was at all times safe and appropriate to the needs of the residents.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The inspector reviewed the statement of purpose and was satisfied that it met the requirements of the Regulations. It has recently been updated by the person in charge and, consisted of a statement of aims and objectives of the centre. It also detailed the facilities and services which were to be provided to residents.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal obligation to notify the chief inspector of any adverse incident occurring in the centre as required by the regulations.

Judgment: Compliant

Quality and safety

Residents were being supported to have meaningful and active lives (of their choosing and expressed preferences) within their home and community and systems were in place to meet their assessed healthcare needs. However, some issues were identified with the safeguarding process and fire precautions.

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were being supported to use their community and maintain regular links with their families. For example, some residents attended day services where they engaged in social and learning activities of interest. Residents also liked to go for drive and social outings and on the day of this inspection, two of them were being supported with community based activities of their choice, with the support of staff. One resident was also on a short holiday break at the time of this inspection. A family member spoken with said their relative had a great social life and was regularly out and about and going on day trips.

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include general practitioner (GP) services formed part of the service provided. As required access to speech and language therapy and dietitian service was also provided for. Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care. Access to mental health services and behavioural support were provided for, and where required, residents had a multi-element behavioural support plan in place. A

sample of files viewed by the inspector, also informed that staff had training in positive behavioural support.

Systems were in place to safeguarding the residents and where required, safeguarding plans were in place. There were a number of open and on-going safeguarding issues at the time of this inspection. The inspector reviewed one of these and found that the issue had been reported to the designated officer, HIQA, the health services executive safeguarding and protection team and An Gardaí. How to make a complaint, and the concept of advocacy was also discussed and explained to residents through key working sessions. The person in charge and director of operations also informed the inspector that all allegation and/or safeguarding concern identified or reported in the centre followed the safeguarding pathway in the service, were reported to the safeguarding and protection team and to the residents HSE representative.

However, taking into account the on-going issues in this centre over the last year and the fact that they had not been fully resolved at the time of this inspection, the systems in place to ensure the safety and welfare of the residents required further review.

There were systems 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 wellbeing. For example, where a resident may be at risk due to behaviour of concern or in the community, they were provided with 2:1 staff support.

Additionally, there were systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. The person in charge also reported that there were adequate supplies of PPE available in the centre, it was being used in line with national guidelines, there were adequate hand-washing facilities available and there were hand sanitising gels in place around the house. The inspector also observed staff wearing PPE and sanitising their hands throughout the course of this inspection. There were also cleaning schedules in place so as to ensure 'high touch' areas (such as door handles and light switches) were cleaned regularly.

Adequate fire fighting equipment was in place to include a fire panel, emergency lighting, fire extinguishers and fire doors. All equipment was serviced as required by the regulations and fire drills were also being facilitated as required. It was observed in a recent fire drill two residents had refused to leave the centre. In response to this, the person in charge facilitated another fire drill shortly afterwards where it was reported that no issues occurred. However, the residents personal emergency evacuations plans had not been adequately updated to reflect how the issue of residents refusing to leave the centre during fire drills was managed and mitigated.

Regulation 17: Premises

On the day of this inspection the premises were found to be well maintained and clean. each resident had their own ensuite bedroom and there was adequate communal space for residents to relax in.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk 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 wellbeing.

Judgment: Compliant

Regulation 27: Protection against infection

There were systems in place to mitigate against the risk of an outbreak of COVID-19. For example, from a small sample of files viewed, staff had training in infection prevention control, donning and doffing of personal protective equipment (PPE) and hand hygiene. Each resident had their own ensuite bedrooms and the person in charge explained that if need be, they could isolate in their own rooms in the event of having suspected and/or confirmed COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

Some residents personal emergency evacuations plans had not been adequately updated to reflect how the issue of residents refusing to leave the centre during fire drills would be managed and mitigated.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The individual social care needs of residents were being supported and encouraged. From viewing a small sample of files, the inspector saw that the residents were

being supported to use their community and maintain regular links with their families.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with their healthcare needs and, as required, access to a range of allied healthcare professionals, to include GP services formed part of the service provided. As required access to speech and language therapy and dietitian service was also provided for. Hospital appointments were facilitated as required and care plans were in place to ensure continuity of care.

Judgment: Compliant

Regulation 7: Positive behavioural support

Access to mental health services and behavioural support were provided for, and where required, residents had a multi-element behavioural support plan in place. A sample of files viewed by the inspector, also informed that staff had training in positive behavioural support.

Judgment: Compliant

Regulation 8: Protection

Taking into account the on-going issues in this centre over the last year and the fact that some of these issues had not been fully resolved at the time of this inspection, the systems in place to ensure the safety and welfare of the residents required further review.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for The Glade OSV-0005398

Inspection ID: MON-0028591

Date of inspection: 02/08/2022

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ol style="list-style-type: none"> 1. The Staff team will attend Mental Health Training, and this will be completed for all staff members by 10th October 2022. 2. The Person in Charge (PIC) will complete a full review of all training needs for the staff team and identify if any additional training is required. 3. The above points will be discussed with the staff team at the next monthly team meeting by 30th September 2022. 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1. The Person in Charge (PIC), in conjunction with the Director of Operations (DOO) and Nua's Admission, Transition and Discharge (ADT) Director will continue to engage with relevant key stakeholders to identify an appropriate alternative placement and ensure a safe and appropriate discharge takes place in line with regulation. 2. The ADT Director to engage weekly with relevant key stakeholders to identify an appropriate alternative placement and discharge process and provides an update at weekly ADT and Governance meetings. 3. Where required, the Director of Operations (DOO) will keep in regular contact with the Centre's HIQA Inspector on the progress of the points above. 	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1. The Person in Charge (PIC) will complete a review of all individuals Personal Emergency Evacuation Plans (PEEPS) to ensure all PEEPS provide guidance for all staff in the event of individuals refusing to leave during a fire drill. 2. Where required, The Person in Charge (PIC) will complete key working sessions with all individuals in the Centre on the importance of engaging in scheduled and unscheduled fire drills. 3. The above points are to be discussed with the staff team at the next monthly team meeting by 30th September 2022. 	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ol style="list-style-type: none"> 1. The Person in Charge, in conjunction with the Director of Operations (DOO) and Nua's Admission, Transition and Discharge (ADT) Director will continue to engage with relevant key stakeholders to identify an appropriate alternative placement and ensure a safe and appropriate discharge takes place in line with regulation. 2. The ADT Director to engage weekly with relevant key stakeholders to identify an appropriate alternative placement and discharge process and provides an update at weekly ADT and Governance meetings. 3. The ADT Director to engage weekly with relevant key stakeholders to identify an appropriate alternative placement and discharge process and provides an update at weekly ADT and Governance meetings. 4. Where required, the Director of Operations (DOO) will keep in regular contact with the Centre's HIQA Inspector on the progress of the points above. 5. Bi-Weekly Centre Safeguarding meetings in the Designated Centre to be held between the Person in Charge and Designated Safeguarding Officer to discuss open safeguarding concerns. 6. The Designated Safeguarding Officer will visit The Designated Centre monthly. The frequency of these visits will be reviewed as required or when the resident discharges from the service 	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	10/10/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	01/12/2022
Regulation	The registered	Substantially	Yellow	30/09/2022

28(3)(d)	provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Compliant		
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	01/12/2022