



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

Issued by the Chief Inspector

Name of designated centre:	Rathbeag
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	22 September 2021
Centre ID:	OSV-0003381
Fieldwork ID:	MON-0034117

About the designated centre

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

Rathbeag consists of a large detached bungalow located in a rural area comprising of four individual apartments. The centre is within close driving distance to a number of towns and provides a residential service for four adults, over the age of 19, both male and female with disabilities. Each of the four residents living in this centre have their own apartment within the centre. Residents have their own bedroom, three of which are en suite, while three of the apartments also have their own sitting room. Communal facilities are also available in the centre such as a kitchen and a utility room with staff rooms also in place. Staff support is provided by social care workers and support workers. Nurse support is also available when required.

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 - 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
Wednesday 22 September 2021	10:30hrs to 16:00hrs	Sinead Whitely	Lead
Wednesday 22 September 2021	10:30hrs to 16:00hrs	Leslie Alcock	Support

What residents told us and what inspectors observed

This was an unannounced risk based inspection following information of concern received by HIQA's information handling team. The focus of the inspection was to establish the quality and safety of care for specific aspects of the supports provided. One resident in particular had raised a number of concerns with inspectors prior to the inspection day and during the centres most previous inspection.

The inspection took place during the COVID-19 pandemic period and therefore some measures were taken by the inspectors and staff to ensure adherence to COVID-19 guidance for residential care facilities including wearing personal protective equipment (PPE) and maintaining a two metre distance at all times during the inspection day.

The premises was a single storey building and all residents had their own self contained apartments and gardens. The premises was well maintained internally and externally. The inspectors were welcomed by staff on arrival to the centre and the person in charge was contacted. The person in charge then arrived to the centre a short time later, and was present in the centre for the remainder of the inspection day. Inspectors met with two residents over the course of the inspection day. One resident had recently gotten a new puppy and was observed caring for their puppy over the course of the day and also baking in the centres kitchen on the morning of the inspection.

The second resident met with one inspector, and had a lengthy and comprehensive discussion about their life in the centre and the service provided to them. The resident took the opportunity to show the inspector their living environment. This included a tour of their garden where they had planted a range of flowers and vegetables. The inspector also observed some of the residents artwork and some of the baking they had done that morning. The resident spoke to the inspector about their catering and gardening work experience, the day trips they had done and some of the friends they regularly engaged with. The resident also discussed some of their current healthcare needs and associated goals to manage these. The resident highlighted some restrictive practices in place in their environment and expressed some dissatisfaction with these and also with aspects of the service provided. The resident ultimately became upset when engaging with the inspector and the person in charge was observed demonstrating the reactive strategies set out in the resident's care plan. The inspectors observed evidence that a number of actions had been completed with this resident since the centres most previous inspection, including multi-disciplinary input, referrals, assessments, key working sessions, and reviews of restrictive practices. The provider was aware of this residents dissatisfaction with the service provided, and in response to this, the providers quality and safety team had also conducted a focused audit in the centre on residents rights. An action plan was being devised following this audit to ensure the residents care and support was being provided in line with their wishes. Staff had supported the resident to seek advocacy support and work was ongoing to

determine the residents levels of capacity. The inspectors noted regular input from the multidisciplinary team who recently identified that at present, the current physical living environment for the resident was not suitable to meet the resident's needs. The person in charge and the regional director of operations confirmed that plans are underway to address this and outlined some of these.

Overall, while the inspectors found that one resident continued to express dissatisfaction with the service provided, extensive work was being undertaken by the provider and management team to address this and to promote higher levels of satisfaction for the resident. Support provided was in line with the residents assessed complex needs and high risks associated with their care and support. Inspectors found that the resident lived a meaningful and fulfilling life outside of moments where they expressed dissatisfaction. The resident left the centre daily to partake in their preferred activities and they were supported to engage with a wide circle of friends and family.

There was a clear management structure in place and clear lines of accountability. The registered provider had ensured that care and support was delivered to residents in a safe manner and that the service was regularly and effectively monitored. There was a regular management presence in the centre and appropriate staff numbers and skill mixes. Staff spoken with, appeared familiar with the residents individual complex needs.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affected the quality and safety of the service being delivered specific to one resident.

Capacity and capability

This was an unannounced risk based inspection which was carried out in response to the receipt of concerning unsolicited information. Overall, the inspectors found that the registered provider was demonstrating the capacity and capability to provide a safe and effective service to the residents living in Rathbeag.

Prior to the inspection day, the chief inspector had requested formal assurances in a number of key areas to determine that aspects of the care and supports provided were safe. An appropriate response had been received and the inspectors found that measures which were outlined by the provider in the assurance report submitted, were in place on the day of the inspection. The provider had completed any outstanding actions outlined in the assurance report and in the compliance plan response submitted following the centres most recent inspection.

There was a clear management structure in place and clear lines of accountability. The registered provider had ensured that care and support was delivered to residents in a safe manner and that the service was regularly and effectively

monitored. There was a full time suitably qualified and experienced person in charge who was supported by two deputy team leaders in the centre and the regional director of operations who was senior to the person in charge and also attended the centre regularly. There was a suitably qualified staff team in place and the centre had monthly team meetings which were used as a forum to discuss the provision of care to residents and any incidents in the centre.

The inspectors acknowledged that care and support was provided in line with residents specific complex needs and identified high risks. However, due to one resident continuing to highlight their dissatisfaction with the service provided, some areas in need of improvements were noted in regulations 13 and 5, as detailed in other sections of this report.

Regulation 23: Governance and management

The inspectors reviewed the governance and management systems in the centre and found that there was an appropriate management structure and presence in the centre. There is a full time suitably qualified and experience person in charge who was supported by two deputy team leaders in the centre and the regional director of operations who was senior to the person in charge and also attended the centre regularly.

There was evidence of regular oversight and regular auditing and review of the service provided including an annual review and unannounced inspections. The person in charge and deputy team leaders developed weekly reports on centre and these were reviewed by the senior management team. The service had their own quality and safety team who had recently completed an audit in the centre, which had focused on residents rights. Appropriate action plans had been developed to address any issues highlighted in provider audits and reviews. Measures outlined in a provider assurance report submitted to the chief inspector, prior to the inspection day, were in place on the day of inspection.

Judgment: Compliant

Quality and safety

Overall, inspection findings suggested that the registered provider was striving to provide a safe, high quality residential service to the residents. Systems were in place to ensure risk management and that residents were safeguarded. Documentation and records regarding the care and support provided, were well maintained within the centre.

Residents had comprehensive assessments and personal care plan in place which

outlined their support needs. These were reviewed on an ongoing basis. Personal plans outlined the resident's support needs and individual aspirations and goals. There were arrangements in place to protect residents from the risk of abuse. The resident had access to behaviour specialists, to support them to manage their behaviours. A behaviour specialist audited and monitored the resident's personal plans to ensure therapeutic behavioural management techniques were an integral part of the care and support provided.

The inspectors found that there was regular input from the multi-disciplinary professionals. A recent review had identified that aspects of the current physical living environment for one resident was not suitable to meet their needs. The resident also continued to communicate dissatisfaction with aspects of their care in that it was not in line with their wishes. Inspectors also noted that the same resident outlined a regular schedule of meaningful activities and the achievement of a number of personal goals.

Regulation 13: General welfare and development

Inspectors found that there were systems in place to promote residents general welfare and development. Inspectors reviewed specific supports in place for one resident and found evidence of a robust and varied activation schedule. The resident was supported to maintain strong links with their friends in their community. The resident enjoyed day trips to Dublin and Galway, shopping trips to Kildare and meeting friends locally in Cafes. The resident also enjoyed baking, gardening and painting and was engaging in artwork on the day of inspection. The resident explained they were in the process of making ice-cream on the day of inspection. The resident was supported to develop independent living skills in a way that ensured the resident's safety. It was evident that the resident had choice and control in directing their daily activities and according to staff, the resident enjoyed a meaningful life.

However, one resident continued to express with inspectors that the care and support provided was not in line with their own wishes. A number of actions were being undertaken by the provider to address this. Some risk measures were in place secondary to high risks identified and to promote a safe environment and these were not in line with the residents own wishes.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The registered provider had developed individual risk management plans that were reflective of potential risks associated with the resident's care and support. These

individual risk management plans were subject to regular review. There was a clear rationale for restrictive practices that were in use and observed in the corresponding risk documentation. The risk measures were put in place to reduce the risks associated with the resident's care.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were systems in place to ensure that residents needs were comprehensively assessed and a personal plan was developed in line with these needs. Personal plans were audited and assessed regularly by key workers, the person in charge and with a behavioural specialist.

Personal plans considered the resident's health, wellness, and goals and aspirations. Goals related to developing residents independent living skills and these were reflected in personal action plans. The inspectors found that regular key working sessions were taking place and there was regular input from multi-disciplinary professionals.

However, a recent review completed by one residents multi-disciplinary team, identified that aspects of the residents current physical living environment was not suitable to meet their needs. The person in charge and the regional director of operations confirmed that plans were underway to address this.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Residents were supported to manage behaviours that challenge and there was evidence of regular input from the multi-disciplinary team. There was evidence that proactive and reactive behavioural strategies were used and these were implemented and integrated into the resident's personal plans and daily schedules.

The provider demonstrated a clear rationale for the use of restrictive practices which was reflected in the risk documentation. The restrictive practices used were subject to regular review by the restrictive practice committee. Reduction plans were in place to reduce the use of restrictive practices and some psychotropic medicines. There was evidence that therapeutic techniques were being used, including the use of reinforcement schedules.

Judgment: Compliant

Regulation 8: Protection

The inspectors found that residents were safeguarded. Safeguarding risks were identified and managed by the centre. All staff had received up to date safeguarding training. Safeguarding concerns were treated seriously, and investigated appropriately, and where required, safeguarding measures and plans were developed and put in place. Staff spoken with were familiar with the residents and demonstrated knowledge in how to keep the residents and their peers safe.

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	
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 13: General welfare and development	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Rathbeag OSV-0003381

Inspection ID: MON-0034117

Date of inspection: 22/09/2021

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 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>The center is completing weekly surveys with all residents in relation their happiness Regular Key working sessions are taking place to gauge their satisfaction living in the centre.</p> <p>Since the inspection this resident has availed of a short holiday in Waterford which she reported to us that they really enjoyed.</p> <p>We will continue to work very closely with this resident to ensure that they remain satisfied living in the centre and that when they raise concerns that we address these transparently with this resident taking into account their presentation, diagnosis and wishes.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>Building works are scheduled to take place in this resident’s apartment and are scheduled to be completed by December 2021.</p> <p>These changes are scheduled to include a full wet room to accommodate the resident and to change the living room to accommodate a kitchen area for them to undertake daily living tasks. These changes are designed to help this resident to engage in activities towards meeting their personal goal of increased independence against the backdrop of their specific health needs.</p> <p>The resident will have full choice in respect of the décor and is meeting with their key workers to detail what they want in terms of the colour scheme and layout of personal</p>	

items.

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 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Substantially Compliant	Yellow	31/12/2021
Regulation 05(3)	The person in charge shall ensure that the designated centre is suitable for the purposes of meeting the needs of each resident, as assessed in accordance with paragraph (1).	Substantially Compliant	Yellow	31/12/2021