



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

Issued by the Chief Inspector

Name of designated centre:	Valley View
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Cork
Type of inspection:	Unannounced
Date of inspection:	19 October 2021
Centre ID:	OSV-0005399
Fieldwork ID:	MON-0034558

About the designated centre

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

The designated centre is based in a rural setting and is comprised of one former bungalow style building. This centre provides residential services seven days a week to five adult male residents with an intellectual disability, mental health diagnosis or an acquired brain injury. Residents each have their own daily plan of activities and are facilitated to attend leisure, education and social activities. The staff team consists of assistant support workers, social care workers, two deputy team leaders and a full-time person in charge. A clinical team is employed by the provider to support residents and the staff team. Each resident has their own bedroom. Four of the bedrooms had an en-suite facility. The designated centre also had two sitting rooms, a bathroom, a kitchen and dining room, a laundry / utility room, a staff office and a relaxation room. There were well maintained outdoor gardens to the front and rear of the property.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

5

How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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
Tuesday 19 October 2021	08:45hrs to 16:30hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This was an unannounced inspection completed to monitor compliance with regulations within the centre. On arrival to the centre the inspector was greeted by a staff member whom requested for the inspector to go to the back of the property to complete sanitisation before entering the premises. Following completion of hand hygiene the inspector was welcomed to the centre. On entering the kitchen area one resident was making themselves a cup of coffee. They said good morning to the inspector and asked them to fill out the COVID visitors' sheet and to get staff to check their temperature. This had to be done for everyone coming into the centre during the pandemic.

One resident was lying on the couch in the sunroom relaxing, they said hi but said they would chat later as they wanted to chill out. Another resident was sitting at the table having their breakfast. They were interacting freely with the staff member talking about the staff member's upcoming holidays. Another resident entered the kitchen area at this time. They said good morning to everyone and made a cup of coffee before going out for a cigarette with their peer.

The inspector observed the interactions between staff and residents at this time. When there was a shift change all greetings were jovial in nature and residents were happy to see staff coming on duty. When one resident was supported to take their medications they told staff they were going to have the best day ever. All residents and staff welcomed the inspector and offered refreshments.

On arrival of the person in charge the inspector held an introductory meeting and received a brief overview of the operations of the centre and the current well-being of each resident. Following this the inspector sat in the living room and completed a documentary review. Throughout the day the inspector met with residents and staff and spoke of their life in the centre. The centre was a hive of activity with residents coming and going all day.

One resident spoke at length with the inspector about their life in the centre. With the support of the staff team in Valley View the resident now cared for three guinea goats on the grounds of the centre and was looking forward to them kidding in the next few weeks. The resident also had a plot of land leased to care of their sheep. They were supported to provide this care by visiting the farm a couple of times a day. They had formed friendships with other farmers whom provided guidance. The resident and staff were planning the upcoming needs of the farm including silage and the upcoming lambing season. This included the provision of extra staff at night time during the lambing season to allow the resident to care for the sheep. The resident was very proud of this achievement and was looking forward to developing their farming experience.

This resident spoke of their rights and whom they would make a complaint to. They were satisfied that their complaints were addressed by the managers in the centre.

When the resident did become anxious during the day staff were observed communicating respectfully with the resident and adhering to their personal plan.

Another resident also had a love of animals in the centre. They showed the inspector their three pet lizards which they cared for in their bedroom. They proudly showed their lizards and chatted with the inspector about how they cared for them like what they ate, having to visit the vet and cleaning out their cages. The resident also had a large fish tank in their room and another in one of the living room. They were currently looking at getting a bigger tank to allow the fish to have enough space. They had taken the time the previous night to clean out the tank and fix the filter. This resident spoke very highly of the staff and management team in the centre.

Two residents had gone for a cup of coffee the morning of the inspection. One resident came into chat with the inspector on their return. They told the inspector they loved it in Valley View and the staff were really good. They really appreciated the staff team. All residents were looking forward to going to Tayto Park over the Christmas.

Lunch including the preparation was a fun and relaxing activity in the centre. Residents were supported to choose what they would like while adhering to health plans in place. Healthy eating was discussed with one resident helping staff to cut up the vegetables. Residents could pick what time they ate and where. One resident chose to go out for a cup of coffee and a spin at lunchtime.

Staff were keenly aware of the resident's needs. One resident did present with a disturbed sleep pattern. Whilst staff did encourage this resident to get up from bed some improvement was required to ensure this encourage was consistently given to provide a routine for the resident. Measures had clearly been developed in other ways to encourage routine including the use of a white board and a daily diary. Other residents were observed supporting the resident with their routine by using the white board with them.

The centre was a large dormer bungalow located in a rural area. During the national lockdown when residents could not go out and about a coffee/ chill out area had been set up in the landing area. Residents were supported to decorate the centre with one resident displaying some of their artwork in the dining area. Residents had free access to large sitting room to relax in and an open plan kitchen dining room.

In conclusion the centre presented a happy energetic home. All residents spoke highly of the staff team. The staff and management team were keenly aware of the assessed needs of each resident. Staff were observed promoting skills training in a natural way. The next two sections of the report present 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 service being delivered

Capacity and capability

The inspector reviewed the capacity and capability of the service provided to residents within Valley View. Overall, a good level of compliance was evidenced. The registered provider has appointed a suitably qualified and experienced person in charge to the centre. They possessed a keen awareness of their regulatory responsibilities including the regular review of the statement of purpose. The appointed individual also had a good knowledge of the needs of service users.

The registered provider had ensured a clear governance structure was in place within the centre. The person in charge whom was supported in their role by a number of deputy team leaders reported directly to the director of operations. Clear communication was evident between all members of the governance team through regular face-to-face meetings and through the completion of monitoring systems such as a governance matrix and director of operations centre visits checklists. All members of the governance team had a clear understanding of their role and responsibility within the centre. All those present on day of the inspection were well known to the residents and took the time to interact with them through out the day.

The registered provider had ensured the implementation of regulatory required monitoring systems. This included an annual review of service provision completed in December 2020 and unannounced visits to the centre within the previous six months in September 2021. A comprehensive report was generated following both reviews and an action plan was in progress to address any areas that been identified. Residents and their families were consulted with regard to both monitoring events. Monitoring systems in place within the centre were utilised to drive service improvements. For example when a non-compliance had been identified in the area of medication management a robust action plan had been developed to address the issues identified.

The registered provider had ensured the allocation of an appropriate skill mix of staff. Staff spoken with were very aware of the resident's needs and clearly articulated supports in place. Recruitment of staff members included the review of the assessed needs of the residents including their interests for example animals and farming. Staff members were supported to have an awareness of their responsibilities and key tasks to be completed on a daily basis through a daily handover log. This highlighted any important issues or changes to the resident's supports needs since staff were last present. Staff meetings were also completed to allow staff to voice any concerns in the operation of the centre. The person in charge was based in the centre and completed on the floor supervision and mentoring.

The registered provider had identified mandatory training needs for all staff members. This included safeguarding vulnerable adults from abuse and infection control. The person in charge had ensured that all staff were supported and facilitated to access appropriate training including refresher training. The current staff team afforded consistency to the support needs of the residents and through

the COVID- 19 pandemic had continued to afford a good level of staffing consistency. Where a new staff member joined the team they completed an induction period.

The registered provider had an effective complaints procedure in place that was appropriate for residents. Residents were supported to submit complaints and all residents spoken with had a good understanding of whom they would speak to should they have any concern or complaint. Residents also stated they were happy with the outcome following the submission of a complaint and always felt supported if they chose to this.

Regulation 14: Persons in charge

The person in charge was full time and had the qualifications, skills and experience necessary to fulfill their role in the designated centre.

Judgment: Compliant

Regulation 15: Staffing

The registered provider ensured that the number, qualifications and skill mix of staff was appropriate to the number and assessed needs of residents. The provider had an actual and planned rota in place which demonstrated continuity of staff.

Judgment: Compliant

Regulation 16: Training and staff development

The person in charge ensured that staff had access to appropriate training, including refresher training.

The person in charge had ensured appropriate measures were in place for the supervision of staff.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured the appointment of a clear governance structure with clear lines of responsibility and accountability.

Monitoring systems in place were effective to identify areas of non-compliance and develop actions to address same in a timely manner.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had prepared in writing a statement of purpose containing the information as set out in schedule 1 of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had an effective complaints procedure in place that was appropriate for residents. Residents were supported to submit complaints and ensured a resolution was made.

Judgment: Compliant

Quality and safety

It was evidenced during this inspection that the service provided to residents currently residing within Valley View was person centred in nature. Residents were consulted in the day to day operation of the centre and in all areas of the daily life. Residents spoke of keyworker meetings where staff supported them to learn about their rights and how to keep themselves safe. Residents were supported in the area of skills training and were supported to develop their skills and interests such as farming and animal care.

Each resident had been supported to develop and review a individualised personal plan. These plans were found to be comprehensive and incorporated a range of support needs of residents including the areas of health care and social supports. These plans incorporated a holistic approach to support needs and incorporated guidance from relevant members of the multi-disciplinary team. Residents had regular meetings with staff to agree outcomes for the month which ranged from purchasing a new fish tank to decorating a bedroom or applying for driving lessons.

These meetings were utilised as an opportunity to grow current plans such as farming or to develop new goals and skills. The centre was a hive of activity with a resident describing the plan for the day as the best day ever. Residents were observed on numerous occasions during the day to choose the activity of their choice.

Overall, the registered provider had provided staff with guidance and knowledge to support residents with behaviours of concern. Staff were observed adhering to all plans in place in a respectful manner. Residents were observed supporting peers with routine and structure that they required such as visual prompting and notes on the whiteboard. Some improvements were required to ensure a consistent approach was applied to all potential behaviours of concern. For example, to provide consistent support for one resident when awakening in the morning to commence their daily routine. Where restrictive practices were in place these were implemented in the least restrictive manner for the shortest duration necessary. Residents spoken with were aware of the restrictive practices and why they were in place. These were also discussed as part of keyworker meetings.

The registered provider ensured that each resident was assisted and supported to develop knowledge and self-awareness required for keeping safe. Where a concern arose the registered provider ensured effective measures were in place to investigate and address this including consultation with residents and external agencies. However, it was noted that where a resident required support in the area of finances clarity was required in the recording of transactions to ensure the risk of error was reduced. With current practices, whilst all finances were accounted for, minor errors were noted in records and records were only maintained of cash transactions.

The registered provider had ensured practices measures were in place to promote the safety of residents. This included the ongoing identification and review of risks within the centre and a planned response for emergencies. Whilst overall, the registered provider had ensured that effective fire safety management systems are in place some improvements were required in the area of evacuation. Whilst evacuation drills had been completed, where actions had been identified such as the needs for increased drills evidence that this had been addressed was not present. Also, this information had not been correlated to incorporate into residents personal evacuation plan.

Regulation 13: General welfare and development

The registered provider had ensured the provision of the following for residents:

- (a) access to facilities for education and recreation;
- (b) opportunities to participate in activities in accordance with their interests, capacities and developmental needs; and

(c) supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.

Judgment: Compliant

Regulation 17: Premises

The registered provider ensured that the premises were designed to meet the assessed needs of residents, of sound construction and was clean and suitably decorated.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider ensured that there was a risk management policy in place and that systems were reviewed and present for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

Overall, the registered provider ensured that residents who may be at risk from a health care associated infection were protected and that precautions and systems were in place in relation to the COVID-19 pandemic.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire safety management systems are in place, this incorporated staff training, fire fighting equipment. Some improvements were required to ensure all resident's and staff had an awareness of evacuation procedures and actions identified following drills were completed.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The registered provider ensured effective systems were in the place in the area of medicines and pharmaceutical services. Where non-compliances had been identified by the provider a robust action plan was in progress to address this.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive personal plan in place. These plans incorporated a holistic approach to support needs and incorporated guidance from relevant members of the multi-disciplinary team.

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured were to supported achieve the best possible health. This incorporated skills training and health promotion information.

Judgment: Compliant

Regulation 7: Positive behavioural support

Overall, the registered provider had provided staff with guidance and knowledge to support residents with behaviours of concern. Some improvements were required to ensure a consistent approach was applied to all potential behaviours of concern.

Where restrictive practices were in place these were implemented in the least restrictive manner for the shortest duration necessary .

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider ensured that each resident was assisted and supported to develop knowledge and self awareness required for keeping safe. Where a concern arose the registered provider ensured effective measures were in place to investigate and address this including consultation with residents and external agencies.

However, it was noted that where a resident required support in the area of finances clarity was required in the recording of transactions to ensure the risk of error was reduced.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The designated centre was operated in a manner that was respectful of all residents valuing their individualism. Residents were consulted in the day to day operations of the centre and consulted on all aspects of their support needs.

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 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
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Valley View OSV-0005399

Inspection ID: MON-0034558

Date of inspection: 19/10/2021

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 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) shall ensure that all means of fire safety management and fire drills are completed in line with Centre's Policy and Procedure on Fire Safety [PL-H&S-002]. 2. The PIC will complete educational key working sessions with all Service Users to ensure they are aware of evacuation procedures. 3. The PIC will update the resident Personal Emergency Evacuation plans following the completion of fire evacuation drills in the Designated Centre. 4. The above points will be discussed with the Staff Team at the next monthly team meeting with the PIC by the 31 December 2021. 	
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ol style="list-style-type: none"> 1. The PIC shall continue to monitor Service User plans in conjunction with the Behavioural Specialist to ensure a consistent approach to positive behavioural support strategies is applied and clearly documented in Service User care plans. A full review will be conducted by the 31 December 2021 and plans updated as required. 2. The above points will be discussed with the Staff Team at the next monthly team meeting with the PIC by the 31 December 2021. 	

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 PIC shall continue to review the control measures for the management of Service Users Finances in line with the Centre's Policy and Procedure on Control of Customer Property Procedure [PL-F-002] to ensure such practices are applied, and reviewed consistently.2. The above points will be discussed with the Staff Team at the next monthly team meeting with the PIC by the 31 December 2021.	

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 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/12/2021
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	31/12/2021
Regulation 08(2)	The registered provider shall protect residents	Substantially Compliant	Yellow	31/12/2021

	from all forms of abuse.			
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