



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:	Announced
Date of inspection:	26 July 2022
Centre ID:	OSV-0005399
Fieldwork ID:	MON-0028383

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 dormer 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:

4

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 26 July 2022	09:00hrs to 16:30hrs	Laura O'Sullivan	Lead

What residents told us and what inspectors observed

This was an announced inspection completed to assist in the recommendation to renew the registration of the designated centre for a further three year period. The inspection evidenced a good level of compliance with a service that provided safe and effective supports to the four residents currently residing in the centre.

The inspector was greeted by the person in charge on arrival to the centre. The inspector was requested to complete a COVID-19 questionnaire to assure no signs or symptoms were present. A request to complete hand hygiene was also done and the staff member ensured the inspector was wearing the required personal protective equipment (PPE). As the residents were getting ready to start their day the inspector took this opportunity to walk around the centre and meet with the person in charge.

The inspector completed a walk around of the centre with the person in charge. Valley View was presented as clean and homely. The centre was located in rural area with ample external space. This space was used to house a number of goats. A shed had just been repaired to house a number of rescue hens that some of the residents had purchased and were due to collect in the coming days. As a number of residents smoked in the centre a covered external area was in place for wet weather. Each resident was supported to decorate their bedroom in accordance with their interests. This included areas for pets such as lizards and fish. Ample communal space was present with residents observed later in the day making the most of all spaces. Residents were observed throughout the day to be very comfortable in their environment.

Residents had a busy day coming and going. One resident met with the inspector before leaving for a family visit. They were feeding their fish in the living room. They told the inspector they were doing well and were happy in the centre. They spoke of their pets that they cared for and how important they were to them. They had lizards, and a range of fish including a cat fish which they proudly showed to the inspector. They said goodbye to the inspector and went about their day.

One resident spoke to the inspector about the centre. They spoke of their interest in farming and how staff supported them in this area. They had met the inspector at the previous inspection and spoke of how things were going for them since then, They spoke that at times some restrictions in place could be frustrating but they understood why they were needed and staff always spoke to them about them. They wanted to continue to gain their independence and spoke of how the provider was helping to do this. They spoke of being happy in the centre and being comfortable speaking to staff if they had any concern or issues.

The inspector had the opportunity to meet and chat with another resident when they were getting ready to head out on their afternoon activities. They interacted very positively with the staff present. They told a story of meeting a famous soccer

player doing an outing and getting a photograph with them. They were very content in the company of staff. When assistance was requested from staff by the resident to get ready for their activity staff supported this whilst encouraging the resident to use their skills.

Another resident also had a chat with the inspector. They were very happy with the service being provided in Valley View. They spoke highly of the staff team. They were happy that they were supported to visit their friend that had recently moved out of the centre. They spoke of how staff support them if they become upset. Overall, they were very positive about living in the centre. They were also looking forward to their upcoming birthday and were being helped by staff to plan their party.

This inspection found that there was a good level of compliance with the regulations concerning the care and support of residents and that this meant that residents were being afforded safe and person centred services that met their assessed needs. 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

There was good governance and oversight in this centre that ensured that residents received a good quality service that was in line with their assessed needs. The centre was last inspected in October 2021. Following this inspection, the registered provider had ensured all areas of non compliance identified had been addressed. The provider had submitted the relevant paperwork required for the renewal of the registration of this centre prior to the inspection. This included the centre's statement of purpose. This documentation was reviewed by the inspector prior to the inspection and found to be in line with the requirements set out in the regulations.

The inspection was facilitated by the person in charge and deputy team leaders. All members of the governance team met with on the day of inspection were very knowledgeable of the needs of the residents and the requirements of the service to meet those needs. The person in charge had very good oversight of the service. They had the required qualifications and relevant experience as outlined in the regulations. The person in charge reported directly to the director of operations. This included regular communications and escalation of any concern which required to be addressed. .

There were clearly defined management structures in this centre. Staff were knowledgeable on who to contact if any incidents or concerns arose. A review of

incidents showed that issues were escalated to the person in charge and onwards to senior management, as required with all required incidents notified in accordance with Regulation 31. Staff in the centre received supervision from the deputy team leaders with oversight from the person in charge as required. Formal supervisions were completed in conjunction with the organisational policy and were utilised in conjunction with on-site conversations and regular team meetings to ensure all staff had the opportunity to raise concerns or for issues to be addressed. A daily handover document was also present for staff to review. This document was utilised to highlight any activities for day or any concerns which had arisen.

The provider maintained oversight of the service. The provider had completed an annual review into the quality and safety of care and support in the centre. In addition, unannounced audits were completed six-monthly in line with the regulations. These reports identified good practice in the centre and areas for improvement. These were addressed and monitored through a centre improvement plan.

In addition, the person in charge and deputy team leaders completed a range of audits in the centre. These included trending of incidents, medication audits and a comprehensive governance matrix tool. This matrix was forwarded to the director of operations to allow for discussion relating to any incidents which may require additional review. A weekly review of administration areas such as personal plans, completion of fire drills and cleaning checklists was also completed to ensure the day to day operations of the centre were completed effectively and efficiently.

The registered provider had ensured the number and skill mix of the staff team within the centre was appropriate to the assessed needs of residents. The person in charge maintained a planned and actual staff roster in the centre. A review found that the number and skill-mix of staff in the centre was in line the centre's statement of purpose. There was a regular team of staff in the centre to promote continuity of care. Staff had access to a range of training which had been deemed mandatory to support residents in the centre. Where staff had requested additional training this was facilitated by the person in charge. This included in the area of medication management.

A complaints policy was present within the centre giving clear guidance for staff in relation to complaints procedure. Details of the complaints officer was visible in an accessible format throughout centre. A complaints log was maintained with evidence of complaints being discussed with residents on a regular basis through house meetings and individual key worker sessions. Residents spoken with informed the inspector they felt comfortable to make a complaint and felt it would be addressed.

Registration Regulation 5: Application for registration or renewal of registration

An application for the renewal of registration was submitted within the required time

frame.
Judgment: Compliant
Regulation 14: Persons in charge
The registered provider had appointed a suitably qualified and experienced person in charge to oversee the day to day operation of the centre.
Judgment: Compliant
Regulation 15: Staffing
The registered provider had ensured the numbers and skill mix of staff were suitable to meet the assessed needs of residents. An actual and planned rota was in place.
Judgment: Compliant
Regulation 16: Training and staff development
Effective supervision and performance management systems were in place and completed in accordance with organisational policy. Staff had access to a range of training. This training was supported and facilitated by the provider to meet the assessed needs of residents.
Judgment: Compliant
Regulation 19: Directory of residents
The provider had prepared a directory of residents, and had ensured that all required information in relation to residents was held in the centre, as outlined in Schedule 3 of the regulations.
Judgment: Compliant

Regulation 22: Insurance
The registered provider had ensured that appropriate insurance arrangements were in place.
Judgment: Compliant
Regulation 23: Governance and management
The governance and management arrangements were effective in delivering a good quality service to residents. There was an annual review of the quality and safety of care and evidence that actions arising from this were acted on. Additionally six monthly unannounced visits to the centre were taking place.
Judgment: Compliant
Regulation 3: Statement of purpose
The statement of purpose contained all the information required by schedule 1 of the regulations and had been reviewed in line with the time frame identified in the regulations.
Judgment: Compliant
Regulation 31: Notification of incidents
The person in charge had a system in place to ensure all incidents were notified in line with the requirements of regulation 31.
Judgment: Compliant
Regulation 34: Complaints procedure
A complaints policy was present within the centre giving clear guidance for staff in relation to complaints procedure. Details of the complaints officer was visible in

an accessible format throughout centre. A complaints log was maintained with evidence of complaints being discussed with residents on a regular basis.

Judgment: Compliant

Quality and safety

Valley View currently provided residential support to four residents . Within the centre it was evidenced that residents' wellbeing and welfare was maintained by a good standard of care and support. Residents were supported to take part in activities that were meaningful to them and in line with their interests including farming and horse riding. Since the last inspection one resident has transitioned to a new centre resulting in a decreased in safeguarding concerns. Residents were consulted in the day to day operations of the centre including choice in their daily life.

Residents within the centre at times required additional support in the area of behaviours of concern. Staff supported residents in this area in a very respectful manner and were aware of potential triggers for anxiety or times of unrest. The staff spoke of a number of measures and protocols used to support residents and spoke of the importance of communication with all. Some resident had behaviour support plans, coping plans and protocols in place. Where restrictive practice was utilised this was done so to promote the safety of residents. This was regularly reviewed and communicated with residents with long term plans in place to ensure the rights of the residents was supported at all times whilst maintaining their safety.

Residents were involved in numerous activities within the centre and in the wider community. Some residents were supported to attend a day service with a variety of activities occurring in the centre at the weekends and in the evening. Residents' personal goals included increasing their participation such areas as farming, learning to drive and family trips. Resident's regularly met with their keyworker to review goals and to ensure all supports required to meet goals were in place.

Each resident was supported to develop a comprehensive personal plan. This incorporated the annual assessment of need, multi-disciplinary recommendations and personal outcome measures. These reviews incorporated goals which the resident wished to achieve the coming year. A review of the goals showed that they covered house-based activities, maintaining connections with family and friends, and engaging in the wider community. Some improvement was required to ensure only information relating to the individual was present in the plan. In one plan reviewed information relating to peer was present.

The residents' health care formed part of their personal plan. Each resident had a comprehensive health assessment and any health need that was identified had a corresponding health care management plan. These plans were reviewed throughout the year and updated as required with the support of a clinical nurse

specialist. The plans gave clear guidance to staff on how to support residents manage their health needs. There was evidence of input from a variety of health care professionals and specialist medical consultants as necessary. Some enhancements of one residents personal plan was required to ensure the information present was up to date and reflective of their current recommendations relating to a specific healthcare concern.

Residents' safety was promoted in this centre. All staff were trained in safeguarding. Staff were knowledgeable on the steps that should be taken if there were any safeguarding concerns in the centre. The contact details of the designated officer and complaints officer were on display in the centre. Safeguarding was included as an agenda item on residents' meetings and team meetings to ensure a consistent approach. Residents had personal and intimate care plans in place.

Residents were also protected from the risk of infection. Good practice in relation to infection prevention and control was observed during the inspection. There were adequate hand hygiene facilities in the centre. Cleaning checklists showed that the centre was cleaned in line with the provider's guidelines. Staff were observed completing touch point cleaning during inspection and adhering to infection control measures. Environmental audits were routinely completed. Staff were knowledgeable on steps that should be taken to protect residents from infection and where to source guidance on infection prevention.

The registered provider ensured effective measures were in place for the ongoing management and review of risk. There were a number of risk assessments that identified centre specific risks; for example, infection control, safeguarding and behaviours of concern. Control measures were in place to guide staff on how to reduce these risks. These were maintained on a risk register. This covered numerous risks to the service as a whole. Risk assessments were regularly reviewed and gave clear guidance to staff on how to manage the risks.

Improvements were observed in the areas of medication management since the previous inspection in October 2021. Staff had now received classroom based training in the area resulting in a decrease in medication errors occurring. Regular auditing was completed to ensure areas were addressed in a timely manner. Where there was a history of a resident not taking medications at the prescribed time, guidance on measures for staff to take was not clear and required review.

Regulation 13: General welfare and development

Residents had access to facilities for recreation. They engaged in a variety of activities in line with their interests. These included activities in the centre and in the wider community. Residents were supported to maintain links with family and friends as they wished.

Judgment: Compliant

Regulation 17: Premises

The premises were suited to meet the needs of residents. The centre was in very good structural and decorative repair. There was adequate private and communal space. The centre was personalised with residents choice of decor and their photographs.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensure the development and review of a residents guide. This was present in the centre and available for residents.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk register for the centre and individualised risk assessments for residents. There were control measures to reduce the risk and all risks were routinely reviewed.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had taken adequate measures to protect residents from the risk of infection. The centre was cleaned in line with the providers' guidelines and plans were in place to support residents to self-isolate in cases of suspected or confirmed COVID-19. The provider conducted regular audits of the infection prevention and control practices.

Judgment: Compliant

Regulation 28: Fire precautions

There were suitable arrangements to detect, contain and extinguish fires in the centre. There was documentary evidence of servicing of equipment in line with the requirements of the regulations. Residents personal evacuation plans were reviewed regularly

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Overall, the registered provider had effective measures in place for the safe storage, ordering receipt and administration of medicinal products within the centre.

Where there was a history of a resident not taking medications at the prescribed time, guidance on measures for staff to take was not clear and required review.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents personal plans were reflective of their social health and psychosocial needs. They were developed in consultation with them and were frequently reviewed and updated.

Some minor improvements were required to ensure only information relevant to the individual was present in their plan.

Judgment: Substantially compliant

Regulation 6: Health care

Residents health care needs were identified, monitored and responded to promptly.

Some enhancements of one residents personal plan was required to ensure the information present was up to date and reflective of their current recommendations relating to a specific health care concern.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Behaviour support plans reviewed gave clear guidance to staff on how to support residents manage their behaviour. Staff were observed implementing strategies from these plans on the day of inspection.

Where restrictive practice was utilised this was done so to promote the safety of residents. This was regularly reviewed and communicated with residents.

Judgment: Compliant

Regulation 8: Protection

Arrangements were in place to ensure residents were safeguarded from abuse. Staff were found to have up-to-date knowledge on how to protect residents. All staff had received up-to-date training in safeguarding. Systems for the protection of residents were proactive and responsive.

Judgment: Compliant

Regulation 9: Residents' rights

The provider ensured that residents could exercise choice and control in their daily lives. Regular house meetings and key worker meetings were taking place and residents were consulted in the running of the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
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 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Valley View OSV-0005399

Inspection ID: MON-0028383

Date of inspection: 26/07/2022

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 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <ol style="list-style-type: none"> 1. The Person in Charge (PIC) shall ensure clear guidelines are in place for any refusal of medication, this will be documented in an individual’s Specific Health Management Plan. 2. The Person in Charge (PIC) shall ensure that all means of medication refusals are completed in line with Centre’s Policy and Procedure on Safe Administration of Medication [PL-C-010]. 3. Any changes to documents will be communicated to the staff team through the October team meeting 	
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> <ol style="list-style-type: none"> 1. The Person in Charge (PIC) reviewed the identified document to ensure information within document are relevant to the individual. This action was completed on the day of the inspection. 2. Any changes to documents will be communicated to the staff team through the October team meeting 	

Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ol style="list-style-type: none">1. The Person in Charge (PIC) shall review residents care plan to ensure the information present is reflective of current specific health care concerns.2. The Person in Charge (PIC) will communicate any changes relating to the health of the resident with the staff team, where required.	

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 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	30/11/2022
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the	Substantially Compliant	Yellow	31/10/2022

	resident's needs, as assessed in accordance with paragraph (1).			
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	30/11/2022