

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

## Issued by the Chief Inspector

Name of designated centre:	Rathdearg House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	27 February 2024
Centre ID:	OSV-0005449
Fieldwork ID:	MON-0038538

## About the designated centre

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

This is a service that provides full-time residential care and support for up to 5 adults with disabilities. The centre comprises of a large detached house and a stand alone apartment on their own grounds in Co. Louth and is in close proximity to a number of large towns and villages. Transport is provided for residents so that they have ease of access to community-based facilities such as hotels, shops, shopping centres, restaurants, cinema, bingo and health clubs. The house is a two-storey dwelling and each resident has their own private spacious bedroom which is decorated to their individual style and preference. Communal facilities include a large state of the art and well equipped kitchen (with two dining areas), three spacious fully furnished sitting rooms/TV rooms (one upstairs), separate utility facilities, adequate storage space and well maintained gardens to the rear and front of the property. The apartment (which is to the rear of the property) comprises of a living/kitchen area and an ensuite bedroom. There is also adequate private parking available to the front and side of the house. The service is staffed on a 24/7 basis and the staff team includes an experienced, qualified person in charge, a team leader, a deputy team leader and a team of assistant support workers.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
--	---

## 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 (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 27 February 2024	10:15hrs to 17:25hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

This service comprised of a large detached house in Co Louth and at the time of this inspection, there were four residents living in the centre. The inspector met with three of them and spoke with two of them for a short time. Written feedback on the quality and safety of care from both residents and family representatives was also viewed by the inspector as part of this inspection process.

On arrival to the centre the inspector observed that the house was clean, warm and welcoming. There was a private garden/driveway area to the front of the property and a large private garden area to the rear.

Based on their assessed needs, one-to-one staffing support was provided to all four residents every day. This meant that residents could choose their own daily routines such as what social activities to engage in each day. For example, residents liked to do their own shopping and on the day of this inspection, some of them went to the local shop/supermarket with staff to buy groceries and other things that they wanted for themselves.

Over the course of the inspection the inspector observed staff supporting one resident with significant and complex needs. On a previous inspection of this centre this resident stayed mainly in their bedroom and did not speak with the inspector however, on this inspection they appeared more engaged with staff. For example, they spent time in the sitting room speaking with staff and at times, the inspector also heard them singing. The resident went out for an appointment later in the day and spoke briefly with the inspector saying they were well and that they liked the house.

Another resident told the inspector that they were also happy in their home and spoke very positively about the person in charge and staff team. They had planned a visit home to see their family and said that they were really looking forward to this. The resident had a good sense of humour and the inspector observed that they enjoyed being in the company and presence of the staff team. Staff were also observed to interact with the resident in a friendly and professional manner. When the inspector asked the resident about the staff working in the centre they replied that they wouldn't hear a bad word said about them. Later on in the day the resident also went out shopping with their one-to-one staff support team member

From speaking with staff and reading a sample of documentation the inspector observed that residents liked to guide their own day and engage in activities of their choosing. For example, residents liked to go shopping, go to the hairdressers, beauticians, have tea out, go to a nearby retail park and some liked to do housework. Residents also liked music, fashion, dancing and some occasionally went to bingo and cinema. The shift lead manager explained to the inspector that one resident did not like noisy/busy environments and their preference to shop in quieter

less busy places was supported and respected.

The inspector observed written feedback on the quality and safety of care provided in the centre from three of the residents. This feedback was generally positive and complimentary. For example, residents reported that they were happy in the house, they chose their own daily routines (such as when to get up, go to bed, what daily activities to engage in, what to eat etc). Residents also reported that they felt safe in the centre and they felt that their rights were supported. Additionally, one said that they liked the staff team. It was observed however, that one resident reported that they would like more storage space for their belongings

Written feedback on the quality of care from relatives of the residents was also positive and complimentary. For example, family members reported that they were happy with the care in the centre, the residents looked well, they were treated well and were provided with the best support. One relative also reported that they didn't have any issues with the service provided.

While minor issues were identified with fire safety and aspects of residents rights on the day of this inspection, residents generally appeared happy and content in their home and systems were in place to meet their assessed needs.

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 care provided to the residents.

## **Capacity and capability**

On the day of this inspection, residents appeared happy and generally content in their home and systems were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which was led by a person in charge, deputy team leader and shift lead manager. They were supported in their role by a director of operations.

A review of a sample of rosters indicated that there were sufficient staff on duty to meet the needs of the residents as described by the shift lead manager.

The shift lead manager facilitated the initial stages of this inspection and demonstrated a good knowledge of residents' individual care plans and assessed needs. Additionally, from a sample of training records viewed, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2023 and, a six-

monthly unannounced visit to the centre had been carried out in October 2023.

#### Regulation 14: Persons in charge

The person in charge met the requirements of 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).

They were a qualified social care professional with an additional qualification in management. They demonstrated a knowledge of their legal remit to the Regulations and, were found to be responsive to the inspection process.

They had systems in place for the oversight of the centre and also demonstrated a good knowledge of the assessed needs of the residents.

Judgment: Compliant

#### Regulation 15: Staffing

From a review of a sample of rosters from January 2024 the inspector found that there were adequate staffing arrangements in place to meet the assessed needs of the residents. For example,

- four staff worked each day so as to ensure all four residents had 1:1 staff support
- two staff provided waking night cover

The person in charge reported that they had systems in place for the supervision of staff.

They also maintained planned and actual rosters in the centre clearly showing what staff were on duty each day and night.

Judgment: Compliant

#### Regulation 16: Training and staff development

From a sample of training records viewed, the inspector found that staff were provided with the required mandatory training to ensure they had the necessary skills to respond to the needs of the residents.

For example, staff had undertaken a number of in-service training sessions which included:

- safe administration of medication (which also included a practical exam)
- fire safety awareness (some staff also had fire marshal training)
- manual handling
- training for the management of behavior
- intimate care training
- training in blood pressure
- infection prevention and control
- risk assessment training
- protection and welfare
- food hygiene
- children's first training
- basic first aid
- cardiac first responder training
- some staff also trained as first aid responders
- advocacy

It was observed that a new staff member had yet to undertake training in some areas however, the person in charge was aware of this and had plans in place to ensure this training would be provided to that staff member.

Judgment: Compliant

## Regulation 23: Governance and management

There were clear lines of authority and accountability in this service. The centre had a clearly defined management structure in place which was led by a person in charge.

There were supported in their role by a deputy team leader and a shift lead manager. Additionally, a director of operations also provided managerial support to the person in charge.

The inspector met with the director of operations on the day of this inspection. The informed the inspector that they visited the centre on a regular basis and were available to the person in charge over the phone to provide support if required. A management on call system was also available in this centre.

A restrictive practice review committee had recently been established in the wider organisation which consisted on a number of senior managers and members of the multi-disciplinary team. At these meeting trends in the use of restrictive practices were reviewed, as were the unplanned use of restrictive practices. Training needs were also discussed so as to explore ways in which to reduce the use of restrictive practices across the organisation. This was an important development as a lot of



restrictions were in use in this designated centre so as to promote the overall welfare and safety of the residents. However, it also meant that at a governance and senior managerial level, the use and application of restrictive practices in all centres was being kept under review.

The designated centre was being audited as required by the regulations and an annual review of the service had been complete for 2023 along with a six monthly unannounced visit to the centre in October 2023. Additionally, a number of localised audits carried out by the person in charge.

The auditing process identified the issues in the centre along with a plan of action to address those issues in a timely manner.

For example, the auditing processes identified the following:

- the annual review for 2023 was to be discussed with residents at their key working sessions
- aspects of residents healthcare-related plans required review
- some individual risk management plans required review
- the statement of purpose required updating
- the front gate required repair

These issues had been identified, actioned and addressed by the time of this inspection.

It was observed that a press required repair in the utility room and some documentation required updating however, the auditing process had identified these issues and plans were in place to address them.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and found to meet the requirements of the Regulations.

It detailed the aim and objectives of the service and the facilities to be provided to the residents.

The person in charge was aware of their legal remit to review and update the statement of purpose as required by the regulations.

Judgment: Compliant

## Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Health Information and Quality Authority (HIQA) of any adverse incident occurring in the centre in line with the regulations.

Judgment: Compliant

## Quality and safety

The residents living in this service were supported to live their lives based on their individual preferences and systems were in place to meet their assessed health and social care needs. Some issues were identified however, with fire safety arrangements and aspects of residents rights.

Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported to live lives of their choosing and frequent community-based activities.

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals to include GP services.

Systems were in place to safeguard the residents to include policies, procedures and reporting structures. Systems were also in place to manage and mitigate risk and keep residents safe in the centre. It was observed however, that one aspect of the fire safety arrangements required review.

The house was found to be clean, warm and welcoming on the day of this inspection and, was laid out to meet the needs of the residents

While an issue was identified with an aspect of residents rights, this inspection found that the individual choices and preferences of the residents were promoted and for the most part, residents appeared happy and content in their home.

## Regulation 13: General welfare and development

Arrangements were in place so as to ensure each resident was provided with care and support based on their assessed needs and preferences.

Access to facilities for occupation and recreation were also provided for however, at

times residents could decline to engage in such activities.

Residents were supported to maintain links with their family members and on the day of this inspection, one resident told the inspector that they would be shortly visiting their family for an overnight stay and were very much looking forward to this visit.

As detailed in section one of this report, the inspector observed that residents liked to guide their own day and engage in activities of their choosing.

For example, residents liked to go shopping, go to the hairdressers, beauticians, have tea out, go to a nearby retail park and some liked to do housework. Residents also liked music, fashion, dancing and some occasionally went to bingo and cinema.

The shift lead manager explained to the inspector that one resident did not like noisy/busy environments and their preference to shop in quieter less busy places was supported and respected

Judgment: Compliant

## Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents.

Each resident had their own bedroom (some were en-suite) which were decorated to their individual style and preference.

The premises were well maintained with adequate room available for residents to relax in. There was a TV/sitting room, a sun room, a large kitchen cum dining room and a relaxation room

Additionally, within the house there was a self-contained apartment and, on the grounds of the property one resident had their own stand alone apartment.

There were well maintained garden areas to the front and rear of the property for residents to relax in during times of warm weather. There was also adequate private parking available in the centre.

Overall, the premises were found to be well maintained, clean, warm and welcoming.

Judgment: Compliant

## Regulation 26: Risk management procedures

Systems were 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 assessment management plans on file so as to support their overall safety and well being.

For example, where a resident was at risk due to their mental health, the following control measures were in place:

- one-to-one staffing support was provided for all four residents throughout the day
- two waking-night night staff were on duty each night
- staff were aware of the assessed needs of the residents
- regular appointments were facilitated with a psychiatrist
- psychology and behavioural support was available to the residents
- weekly psychotherapy sessions were provided for

Staff also had training in basic first aid and cardiac first responder training. Additionally, a number of staff working in this centre had more in depth training in first aid responder and the person in charge explained that one of these staff were always on duty in the service.

The inspector viewed the roster from January 01, 2024 to January 07, 2024 and found that a staff member with first aid responder training was on duty each day and night over this week.

Judgment: Compliant

## Regulation 27: Protection against infection

Infection control measures (IPC) were in place to mitigate against the risk of an infectious diseases in the centre.

Additionally, from a sample of files viewed, staff had been provided with training in:

- infection prevention control
- hand hygiene
- donning and doffing of personal protective equipment
- food hygiene

The director of operations informed the inspector that a number of cleaning schedules were in place and these were audited so as to ensure all cleaning activities were being completed. They also reported that infection prevention outbreak plans were available in the centre and each resident had an isolation plan

on file.

Additionally, a colour coded systems were in place for mops and cloths.

The premises were also laid out to meet the needs of the residents and on the day of this inspection, appeared clean and well maintained.

Judgment: Compliant

### Regulation 28: Fire precautions

Adequate fire fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting. Equipment was being serviced as required by the regulations.

For example, the emergency lighting system had been serviced in August and November 2023 and the fire alarm system serviced in August and November 2023. (The fire alarm system was due for service again in March 2024) The fire extinguishers had also been serviced in April 2023.

Staff completed as required checks on all fire equipment in the centre and from a sample of files viewed, had training in fire safety awareness. Some staff were also trained fire marshals.

Fire drills were being conducted as required and each resident where required, had an up-to-date personal emergency evacuation plan in place.

However, the inspector observed that on a fire drill in November 2023, one resident did not respond and another went back into the house to get their coat. Their personal emergency evacuation plans had not been adequately updated to reflect this issue.

Notwithstanding, the inspector observed that on a fire drill in February 2024, all residents and staff evacuated the building in one minute with no issues reported.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

The inspector reviewed one residents file in detail and found they has as required

access to the following services:

- general practitioner (GP)
- dentist
- occupational therapy
- chiropody
- optician

Hospital appointments were facilitated as required and each resident had a hospital passport document on file so as to alert medical professionals to their assessed needs.

Additionally, each resident had a number of healthcare-related plans in place so as to inform and guide practice and the shift lead manager was found to be knowledgeable of the assessed needs of the residents.

It was also found that residents had access to mental health support and behavioural support services. This included as required access to the following mental health professionals:

- psychiatrist
- psychologist
- psychotherapist
- behavioural specialist

Judgment: Compliant

## Regulation 8: Protection

Systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection there were a number of safeguarding plans active in the centre.

However, the director of operations informed the inspector that as per the safeguarding policy:

- all allegations of abuse/safeguarding concerns were responded to in line with policy and procedure
- preliminary screening was conducted and the national safeguarding team were notified of the issue
- the Health Information and Quality Authority were notified of the issue
- systems were put in place to ensure residents safety
- where or if required, An Gardaí were contacted
- the residents representatives and family members were notified

The inspector also noted the following:

- a policy on safeguarding of vulnerable adults from abuse was available in the centre. The purpose of this policy was to ensure that all individuals in receipt of services were protected from all forms of abuse. The policy also detailed the responsibilities of staff in ensuring the safety of the residents.
- easy to read information on safeguarding and advocacy was available to residents
- details on how to make contact with an independent advocate was available in the centre
- residents reported in written feedback on the service that they felt safe in their home
- the designated safeguarding officer met with both the residents and staff team in December 2023 to discuss and review safeguarding in the centre
- An Gardaí had made plans to visit the centre in the near future to speak to the residents about the role and purpose of the community Garda
- written feedback from family members on the quality of service was positive
- the inspector saw that residents would make a complaint if they were not satisfied with any aspect of the service.

Additionally, from a small sample of files viewed staff had training in the following:

- safeguarding of vulnerable adults
- children's first
- protection and welfare
- intimate care

Judgment: Compliant

## Regulation 9: Residents' rights

The individual choices and preferences of the residents were promoted and supported by the management and staff team in this centre.

Residents were supported to choose their daily routines and engage in activities they liked and enjoyed.

Additionally, residents were consulted with about decisions that impacted them.

It was observed however that at times, adverse incidents such as residents shouting, throwing objects and banging doors could occur in communal parts of the centre. While staff responded to and managed these issues, this situation required further oversight and review as it could at times, impact negatively on residents rights and peaceful enjoyment of their home.

Notwithstanding, on the day of this inspection residents appeared happy and content in their home.

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
<b>Capacity and capability</b>	
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 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
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 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for Rathdearg House OSV-0005449

Inspection ID: MON-0038538

Date of inspection: 27/02/2024

## 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
Outline how you are going to come into compliance with Regulation 28: Fire precautions: 1. The PIC to complete a review of personal emergency evacuation plans against the response of Individuals to all scheduled and unplanned evacuations which have taken place in Centre. Due Date: Completed  2. A review of personal emergency evacuation plans will be completed following all planned and unplanned evacuations of the Centre. Due Date: 31 March 2024	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: 1. Impact assessments for Residents will undergo a full review by the PIC and Behavioural specialist. Additional controls will be implemented where required. Due Date: 12th April 2024  2. The PIC and Behavioural specialist shall conduct a review of the Centre specific safeguarding plan providing clear control measures which reduce the likelihood of impact occurring from an Individual's challenging behaviour on another. Due Date: 12th April 2024  3. The Person in Charge in conjunction with Individual's Multi-Disciplinary Team shall	

ensure appropriate therapeutic supports such as but not limited to psychiatry and Behavioural support are available to all Individuals where required, to support them in any potential safeguarding impacts or concerns they may have.

Due Date: 8th April 2024

## 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(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/03/2024
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Substantially Compliant	Yellow	12/04/2024