



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

Issued by the Chief Inspector

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| Name of designated centre: | Beacon Hill |
| Name of provider: | Nua Healthcare Services Limited |
| Address of centre: | Westmeath |
| Type of inspection: | Unannounced |
| Date of inspection: | 16 February 2022 |
| Centre ID: | OSV-0008087 |
| Fieldwork ID: | MON-0036431 |

About the designated centre

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

This is a service operated by Nua Healthcare, providing residential care and support to up to three adults with disabilities. The service is located in Co. Westmeath in close proximity to the nearest small town. The centre is staffed full time including waking night staff. The person in charge is supported by two team leaders. The centre is a large detached house on its own grounds. There is one resident bedroom in the main house, and two self-contained apartments attached, each with enclosed garden areas. There is a spacious and functional communal outside area with parking for multiple vehicles.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 2 |
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

| Date | Times of Inspection | Inspector | Role |
|-------------------------------|-------------------------|-------------|------|
| Wednesday 16 February 2022 | 10:30hrs to 17:30hrs | Julie Pryce | Lead |

What residents told us and what inspectors observed

This was an unannounced inspection to monitor compliance with the regulations and standards in a recently opened designated centre and was the first inspection of the centre.

There were two residents accommodated in the centre on the day of the inspection. Neither resident chose to spend any time with the inspector. They chose to limit their interactions with the inspector to a brief visit to their personal living areas, and this choice was respected.

During these snapshots of their daily lives, the inspector observed that staff were extremely knowledgeable about the care and support needs of the residents, and from brief observations, it was clear that staff were delivering care in accordance with their assessed needs, and that interactions with staff were well tolerated, and enjoyed by residents, some of whom were observed to be having fun and laughing with staff. The importance of familiar staff was well managed, and only staff known to residents were involved in their direct care and support.

Given the limited available interaction with residents, the inspector spoke to staff, reviewed records of conversations and consultation with residents, and spoke to family members. Family members were very positive about the support given to their loved ones, and said that they felt their relatives were happy and well cared for in this designated centre. They said that the staff and person in charge were good at making sure they kept in touch, even when visits were not possible, for example by video calls. They reported that during these calls, residents appeared to be happy. They were also involved in the personal planning process for their family members, to as small or large extent as they chose.

Communication with residents was given priority in the centre, and multiple strategies were in place to ensure that residents were given information, and that they were supported to make choices in their daily lives. There were pictorial supports throughout the centre in relation to teaching new skills, and also as strategies for residents to communicate to staff. The inspector also saw that these strategies were documented, and the effectiveness regularly reviewed.

Detailed personal plans had been developed for residents, including various strategies relating to positive behaviour support, with an emphasis on communication for some residents. Residents were being supported to learn new skills and to reduce the impact of difficulty in regulating behaviours on their daily lives.

The designated centre was divided between the main area of the house and two self-contained apartments for residents. The apartments were furnished to suit their needs, and their personal belongings were apparent throughout. Each resident also

had a small enclosed garden space for their sole use.

Overall, the inspector found residents' safety and welfare was supported. The systems and arrangements that the provider had put in place in this centre ensured that the residents were supported to maintain their safety and to have a good quality of life.

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 the quality and safety of the service being delivered.

Capacity and capability

The provider had ensured that there was a clear management structure in place that was led by a person in charge, and which led to the effective delivery of care. The person in charge was appropriately experienced and qualified, and demonstrated an in-depth knowledge of the needs and abilities of residents.

The provider and person in charge had established and maintained processes to ensure the oversight of the centre, and to ensure a high standard of care and support of residents. The first six-monthly unannounced visit on behalf of the provider had been conducted, and any required actions or suggested improvements, which all related to relatively minor findings, had been completed within the required timeframes. Residents had been offered the opportunity to be involved in this process. This process was also supported by a suite of audits, including audits of residents' finances, medication management and infection prevention and control (IPC).

There were regular team meetings led by the person in charge, and clear communication systems together with these meetings. A daily written handover document was prepared, which included detailed information about each resident and any changing needs.

All required notifications had been made to the Health Information and Quality Authority (HIQA) as required, and the person in charge was familiar with the requirements. Any accidents and incidents were recorded and reported, and any learning from these incidents was implemented.

The rostered staffing numbers and skill-mix were appropriate to meet the needs of the residents and there were sufficient staff on a daily basis. Staff spoken with were all very knowledgeable about the support needs of the residents, including the guidance in the detailed positive behaviour support plans.

All staff training was up to date. This included both mandatory training and training specific to the support needs of the residents. For example, the staff team had completed a three day intensive, centre-specific training which was specific to the

individual needs of the residents, and additional training in the management of a particular recurrent behaviour for one of the residents.

Staff files were not available on site, however the provider provided assurances and a documented record that all the required documents were on file.

There was a clear complaints procedure, and this was discussed regularly with residents. A log was available to record complaints, although there were none at the time of the inspection.

Overall, the provider and person in charge had ensured that there were effective systems in place to provide good quality and safe service to residents.

Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, had a detailed knowledge of the support needs of residents and was involved in oversight of the care and support in the centre.

Judgment: Compliant

Regulation 15: Staffing

The staffing numbers and skill mix were appropriate to the number and assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were in receipt of all mandatory training, and additional training had been provided in accordance with the specific needs of the residents.

Judgment: Compliant

Regulation 19: Directory of residents

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| The directory of residents included all the required information. |
| Judgment: Compliant |
| Regulation 23: Governance and management |
| There was a clear management structure in place which identified the lines of accountability and authority. There were effective monitoring systems in place. |
| Judgment: Compliant |
| Regulation 24: Admissions and contract for the provision of services |
| There were contracts in place which clearly laid out the services offered to residents and any charges incurred. |
| Judgment: Compliant |
| Regulation 31: Notification of incidents |
| All the necessary notifications had been made to HIQA within the required timeframes. |
| Judgment: Compliant |
| Regulation 34: Complaints procedure |
| There was a clear complaints procedure which was available in an accessible version. There were no current complaints, but a record was also kept of any compliments received by the centre. |
| Judgment: Compliant |
| Quality and safety |
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Residents were receiving appropriate care and support that was individualised and focused on their needs. The centre was being operated in a manner that maintained their safety and supported their individuality.

Comprehensive assessments of residents' health and social care needs had been completed and personal plans were based on these detailed assessments. Person-centred plans covered all areas of daily living, and had been made available in an easy read version. Both long term and short-term goals had been developed for each resident, and monthly outcomes had been developed to assist towards achieving goals. Each resident had a key worker, and monthly key worker sessions were recorded.

Detailed information and guidance around communication was documented in the plans, which had been developed in conjunction with the speech and language therapist. Various strategies were in place, and there was evidence of items in use to support communication throughout the centre.

There were detailed behaviour support plans in place for residents, which were regularly reviewed and updated with the input of the relevant members of the multi-disciplinary team. Staff could describe the interventions required under various circumstances, and demonstrate the use of some of the equipment in place to support residents. Any incidents which had occurred in relation to behaviour support needs were clearly documented, and immediate and long-term actions identified and implemented.

Where there were restrictive interventions in place, these were based on a thorough assessment, and monitored by the multi-disciplinary team at regular meetings. A record of these meetings was maintained, and detailed discussion occurred around each restriction, so that it was clear that they were the least restrictive required to mitigate the risks.

Effective fire safety precautions were in place, including fire detection and containment arrangements, fire safety equipment and self-closing fire doors. A detailed personal evacuation plan was in place for each resident. Staff could readily describe the actions they would take in the event of an emergency, and had all been involved in fire drills. These fire drills took place regularly, and included night time drills. The documentation of these fire drills, together with discussion with staff members, demonstrated that all residents could be effectively evacuated in a timely fashion in the event of an emergency.

The provider had ensured that there were systems in place to respond to safeguarding concerns. Where any safeguarding issues had arisen, there were detailed safeguarding plans in place, and records of significant conversations were maintained. Staff were in receipt of regular training, and had also been provided additional training in relation to the specific needs of residents.

Infection prevention and control strategies were in place throughout the centre. Current public health guidance was being implemented. There were contingency plans and outbreak management plans available should there be an outbreak of an

infectious disease, and a quality improvement plan which had been recently updated. The centre was visibly clean, and various cleaning checklists and audits were maintained.

The premises were laid out to suit the needs of residents, each of whom had their own self-contained apartment, together with access to communal areas. Personal items and belongings were evident throughout, and each resident had an individual garden area for their sole use.

Medications were managed safely and effectively. Medications were stored safely, and stocks of medications were well managed. Staff were familiar with the medications for each resident, and the reason for them, and also with the individual ways that residents required their medication to be administered. Administration practice was appropriate and safely managed.

Residents' rights were upheld within the centre, with an emphasis on the right to lead a fulfilling life. In addition, rights were discussed with residents at their keyworker sessions. There were clear contracts of care in place, and a resident who had quite recently moved into the centre, had done so with the support of a detailed and rights based transition plan.

Regulation 10: Communication

Residents were supported in communication so that their voices were heard, and that information was available to them, and in a way that supported them to manage behaviour.

Judgment: Compliant

Regulation 11: Visits

Visits were facilitated and welcomed in accordance with residents' preferences, and alternatives had been implemented during the public health crisis.

Judgment: Compliant

Regulation 17: Premises

The premises were appropriate to meet the needs of residents. There were sufficient communal and personal spaces.

Judgment: Compliant

Regulation 18: Food and nutrition

There was adequate food and nutrition in accordance with the needs and preferences of residents, and nutritional intake was monitored by the person in charge.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk register in place including risk ratings, and a detailed risk assessment for each risk identified. There was a risk management policy in place which included all the requirements or the regulations.

Judgment: Compliant

Regulation 27: Protection against infection

Appropriate infection control practices were in place, in accordance with current public health guidance.

Judgment: Compliant

Regulation 28: Fire precautions

There was appropriate fire equipment, including fire doors, throughout the centre, and evidence that residents could be evacuated in a timely manner in the event of an emergency.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Structures and procedures were in place to ensure the safe management of medications.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan in place based on an assessment of needs. Plans had been reviewed regularly and were available to residents in an accessible format.

Judgment: Compliant

Regulation 6: Health care

Provision was made for appropriate healthcare.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate systems were in place to respond to behaviours of concern. Where restrictive practice were in place, they were the least restrictive required to mitigate the risk to residents, and were effectively monitored.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that residents were protected from all forms of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were upheld, and the privacy and dignity of residents was respected.

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 | |
| Regulation 14: Persons in charge | Compliant |
| Regulation 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Compliant |
| Regulation 19: Directory of residents | Compliant |
| Regulation 23: Governance and management | Compliant |
| Regulation 24: Admissions and contract for the provision of services | Compliant |
| Regulation 31: Notification of incidents | Compliant |
| Regulation 34: Complaints procedure | Compliant |
| Quality and safety | |
| Regulation 10: Communication | Compliant |
| Regulation 11: Visits | Compliant |
| Regulation 17: Premises | Compliant |
| Regulation 18: Food and nutrition | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | 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 | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |