

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	A designated centre for people with disabilities operated by Nua Healthcare
<b>Centre ID:</b>	ORG-0011279
<b>Centre county:</b>	Kildare
<b>Email address:</b>	themeadows@nuahealthcare.ie
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Nua Healthcare
<b>Provider Nominee:</b>	Noel Dunne
<b>Person in charge:</b>	Lisa Flynn
<b>Lead inspector:</b>	Sheila Doyle
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	0

## About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance with the Health Act 2007 (Care and Support of Residents in 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From:	To:
01 April 2014 10:00	01 April 2014 16:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

**Summary of findings from this inspection**

This monitoring inspection was the first inspection of this centre by the Health Information and Quality Authority. The inspector met with the person in charge, the Director of Services and the Director of Operations at the provider's head office reviewing policies and procedures, staff records and collecting other information required to inform the inspection. The inspector then visited the centre and met with residents and staff, observed practices and reviewed documentation such as personal care plans and records.

Overall, the inspector found that residents received a good quality service. There was evidence of a good level of compliance, with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and this was reflected in a number of positive outcomes for residents. Staff supported residents to maximise their independence and encouraged them to make decisions and choices about their lives.

The inspector found the service was managed and run by a suitably qualified person in charge who was fully engaged in the governance and management of the designated centre. Appropriate staff recruitment and supervision was in place and staffing levels were suitable to meet the needs of the residents.

Some improvements were required with regard to the safe medication management practices. The risk management policy did not meet the requirements of the Regulations and the emergency plan required improvement. These matters are discussed further in the report and in the Action Plan at the end of the report.

**Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.**

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The inspector found evidence that residents were supported to live independent and fulfilling lives and a good system of personal planning was in place to guide this process.

The inspector met with a number of residents and reviewed a number of their personal plans. The inspector saw that residents had ample opportunity for meaningful activities, which ranged from work-based activities in various businesses such as shops and garden centres to leisure activities such as swimming, bowling, going to the cinema and attending concerts. A daily schedule was in place but the inspector saw that this was often changed if that was what the residents wanted. The inspector also noted that residents were encouraged to join in with community initiatives such as the tandem bicycle club and local choirs.

The arrangements to meet each resident's assessed needs were set out in a personal plan which had been developed in consultation with the resident and relevant key workers and family members. The inspector found that the personal plans were focussed on improving the quality of residents' lives, as evidenced by clearly defined goals for each resident. The personal plans detailed the actions and the persons responsible for ensuring goals were met.

There was evidence that residents were supported in transition between services. A staff member always accompanied residents who had to attend hospital or appointments. A document called 'my hospital passport' had been developed for each resident. This contained useful information such as personal details about the resident, aids and assistive devices used, communication needs including how the resident would express

pain etc.

## **Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

### **Theme:**

Effective Services

### **Judgement:**

Non Compliant - Moderate

### **Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

### **Findings:**

The inspector found that while steps had been taken to promote the health and safety of the residents, staff and visitors, some improvements were required with regard to the risk management policy and the emergency plan.

There was a centre-specific safety statement in place. The inspector found that the risk management policy had been recently updated but needed further development to meet the requirements of the Regulations. For example it did not outline the precautions in place to control the risks specified in the Regulations. Staff members in the centre were knowledgeable regarding their duty to report any issues of risk to management. The inspector did note that risk assessments had been undertaken for individual residents on areas such as self harm and individual policies were in place to guide this practice.

The inspector read the emergency plan and saw that it required additional detail to sufficiently guide staff in the procedure to follow in the event of some possible emergencies such as flood or power outage. In addition possible alternative accommodation for residents was not specified should evacuation be required. The inspector noted that negotiations were underway to ensure priority support was available in the event of a power outage.

The inspector found that adequate fire precautions had been put in place. There were regular fire drills and all staff had received training and staff spoken with were knowledgeable. The inspector viewed evidence that fire equipment was serviced regularly. Fire evacuation notices were on display around the centre.

All staff had attended training in the moving and handling and a matrix was maintained to identify when additional training was required.

## **Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

### **Theme:**

Safe Services

### **Judgement:**

Compliant

### **Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

### **Findings:**

The inspector was satisfied that measures were in place to protect residents being harmed or suffering abuse.

There was a policy in place on the prevention, detection and response to abuse and staff had received training. An eLearning programme had been developed to ensure that all staff had access to this training. Staff spoken with and the person in charge outlined the procedures they would follow should there be an allegation of abuse and were knowledgeable with regard to their roles and responsibilities for the safeguarding of residents.

The inspector observed staff interacting with residents in a respectful, warm and caring manner and residents and staff communicated freely between each other. A daily record was maintained for each resident and inspectors saw that good detail was maintained with regard to the residents' daily routines, interactions and mood.

There was a policy in place guiding the management of behaviours that challenge and there were robust systems in place for the management of these behaviours. Residents had detailed positive behaviour support plans in place where necessary. The inspector found that they were based on extensive multi-disciplinary input and were of good quality. Staff members were aware of the content of these plans and were aware of the need to update them as residents' needs changed.

There were good systems in place for the management of restrictive procedures in the event that any were necessary and there was a policy in place to guide staff. No resident was using bedrails or lapbelts at the time of inspection.

### **Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that residents' health needs were regularly reviewed with appropriate input from multidisciplinary practitioners where required.

There was a clear record of residents' healthcare needs and instructions for managing these needs were set out in care plans which were up to date. Residents had access to a general practitioner (GP), to an out of hours GP service, In addition they had access to a range of allied health professionals such as physiotherapist, psychiatrist, speech and language therapist (SALT), chiropodist, optician and dental services. The inspector saw that residents were provided with education and training to take responsibility for their own healthcare needs where possible.

Measures were in place to adequately meet residents' food and nutritional needs. The inspector saw that residents were involved in planning the shopping list, buying groceries and preparing meals. The inspector saw a resident helping a staff member prepare her lunch. The inspector found that residents were informed about the importance of healthy eating and were supported to make healthy eating choices where appropriate. Weights were well managed and the inspector saw where following review by the dietician a detailed menu plan in writing and pictures was on display for a resident and a target weight agreed. Mealtimes were flexible and fitted around residents' social and work life.

### **Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

**Judgement:**

Non Compliant - Moderate

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The inspector was not satisfied that each resident was protected by the designated centre's policies and procedures for medication management.

The inspector read a sample of completed prescription and administration records and saw that improvements were required. The nurses transcribed medications. However, these were not in line with national guidelines. There was no signature of the transcribing nurse in any records reviewed. In addition the records were not dated. The centre's policy was not specific enough to inform this practice.

The inspector was also concerned that there was not a prescribing signature for each medication and in some cases the maximum dose to be given in 24 hours for medications to be given as and when required (PRN) was not consistently recorded. These issues were discussed with the person in charge and the team leader who undertook to have them addressed.

Otherwise the inspector was satisfied with medication management practices. All medications were administered by a social care worker or nurse. Detailed descriptions and a photograph of each medication were available to assist staff. Each resident's medication was supplied in a blister pack and these were stored in a locked press. No resident was self medicating at the time of inspection. The staff spoken with were very clear of their role and responsibility as regards medication management and confirmed that they had undertaken training including practical competency assessments. There was evidence of regular reviews by the medical team.

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.



**Findings:**

The inspector was satisfied that the quality of care and experience of the residents was monitored and developed on an ongoing basis and that effective management systems are in place that support and promote the delivery of safe, quality care services.

The Director of Services and the Director of Operations outlined the on-going development work to ensure compliance with the Regulations. A working group had been established and a gap analysis completed to benchmark the service against the Regulations and the Standards. A computerised auditing system had been introduced and there was an auditor employed by the provider as part of their quality assurance programme. Resident satisfaction surveys were completed as part of this work and the results were presented to staff and residents. Visual aids were used to assist residents' understanding. A structured plan was in place to audit each centre within the company against the Regulations on a quarterly basis while also undertaking the annual review of services.

The inspector was satisfied that there was an appropriate management structure in place which supported the delivery of safe care and services. This was clearly defined and identified the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. She also had responsibility for four other centres in the locality. She was knowledgeable about the requirements of the Regulations and Standards, and had a very good overview of the health and support needs and personal plans of all the residents. She was clear about her role and responsibilities and about the management and the reporting structure in place in the organisation. The person in charge told the inspector that she received regular support from her line manager. The person in charge was clear about the various roles and responsibilities of staff.

The provider had established formal management meetings but line managers could also be contacted by phone or email at any time. There was a robust on call rota of managerial staff to ensure back up assistance was available should the centre require this out of office hours.

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

**Judgement:**

Compliant

**Outstanding requirement(s) from previous inspection:**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that there were appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services and that all staff were supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

The inspector reviewed a sample of staff rosters and noted that on the days of inspection the roster reflected the number of staff on duty. The person in charge told the inspector that the staffing levels were based on the assessed needs of the residents. Staff spoken with confirmed there was adequate staff on duty. The inspector noted that to ensure continuity of care a relief panel was available from which absences were covered.

The inspector reviewed a sample of staff files and saw that they met the requirements of the Regulations. A checking system had been introduced to ensure that required information was in place. There were no volunteers in the centre.

The inspector was satisfied that staff had access to up-to-date mandatory training and access to education and training to meet the needs of residents. A training plan was in place and the inspector confirmed that all staff had attended the mandatory training. Additional training was also provided including communication, first aid and the management of behaviour that challenges. A large number of eLearning programmes had been developed to ensure that all staff had access to on-going training. Staff spoken with confirmed that there was a range of training available to them. In addition there were regular 'five minute trainings' (FMTs) on issues and policies to ensure staff had up to date knowledge.

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings, which highlighted both good practice and where improvements were required.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of the residents, relatives, and staff during the inspection.

***Report Compiled by:***

Sheila Doyle  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Nua Healthcare
<b>Centre ID:</b>	ORG-0011279
<b>Date of Inspection:</b>	01 April 2014
<b>Date of response:</b>	23 April 2014

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

### Outcome 07: Health and Safety and Risk Management

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The risk management policy did not meet the requirements of the Regulations.

**Action Required:**

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**

The risk assessment policy is being updated and will include the identified risks as outlined in the regulations and it will reference other identified policies.  
The following appendix will be attached to the policy

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

- Incident/SEN pathway.
- Individual risk assessment SOP template.
- Emergency plan template.
- Weekly vehicle inspections.
- Accident/incident forms.
- Health and safety Vi-clarity audit.

**Proposed Timescale:** 09/05/2014

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

The emergency plan required additional detail to sufficiently guide staff in the procedure to follow in the event of some possible emergencies such as flood or power outage.

**Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

**Please state the actions you have taken or are planning to take:**

The service emergency plan is being updated.

Each designated centre will have its own individual emergency plan.

Emergency planning will be referenced in the service risk management policy.

**Proposed Timescale:** 09/05/2014

**Outcome 12. Medication Management**

**Theme:** Health and Development

**The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:**

There was no signature of the transcribing nurse and the records were not dated.

There was not a prescribing signature for each medication.

The maximum dose to be given in 24 hours for medications to be given as and when required (PRN) was not consistently recorded.

**Action Required:**

Under Regulation 29 (4) (a) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that any medicine that is kept in the designated centre is stored securely.

**Please state the actions you have taken or are planning to take:**

The policy in relation to medication management is being updated.

All kardexs are being reviewed to

- incorporate a prescribing signature for each medication
- facilitate nurse signature when transcribing
- incorporate specific times for PRN medication and dosage
- a memo is being sent out to all staff in the company outlining the safe administration of medication.

Vi-clarity quarterly medication audits have now been changed to monthly and will be completed by an auditor independent from the designated centre.

**Proposed Timescale:** 09/05/2014