



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

Issued by the Chief Inspector

Name of designated centre:	The Glade
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Louth
Type of inspection:	Short Notice Announced
Date of inspection:	09 March 2021
Centre ID:	OSV-0005398
Fieldwork ID:	MON-0032004

About the designated centre

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

This is a centre providing full-time residential services for up to 6 adults with disabilities. The centre comprises of a large, detached two-story dwelling located in Co. Louth. Each resident has their own private bedroom (four of which are en-suite) and communal facilities include a large kitchen/dining area, two sitting rooms and private gardens areas to the front, side and rear of the premises. Transport is provided to residents so as they have access to community based facilities such as shops, post-office, banks, restaurants, hotels and shopping centres. Residents have a range of educational and day service options available to them, where they can engage in a range of educational and social activities of interest to them, attend school or engage in skills development training initiatives. There are systems in place so as to ensure the healthcare needs of the residents are provided for and access to a range of allied healthcare professionals form part of the service provided. The centre is staffed on a 24/7 basis with a qualified person in charge, a team leader, a two deputy team leaders and a team of social care workers/assistant support workers. There is also a management on-call system in place so as to support the overall governance and managerial oversight of the centre.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 9 March 2021	11:00hrs to 17:30hrs	Raymond Lynch	Lead

What residents told us and what inspectors observed

The centre is located in a tranquil rural setting within driving distance to a number of villages and large towns. On arrival to the house the inspector observed it to be clean, warm, homely and welcoming.

Residents had been informed by staff about the inspection process and three of them had expressed a wish to meet and speak to the inspector about their lived experience residing there. During the inspection the inspector met with all four of the residents living in the centre and spoke with three of them so as to get their feedback on the service provided. A sample of written feedback from family members was also reviewed by the inspector.

One resident said that they loved living in the house, loved their room and got on well with the staff team. The resident informed the inspector that they had recently bought a present for their mother for Mother's day and was looking forward to giving her the gift. The resident invited the inspector to see their room and it was observed to be decorated to take into account their individual style and preferences. Pictures of their loved ones were on display and there was a TV/music system in their room. The resident told the inspector that they loved listening to music and once lockdown was over, were looking forward to attending concerts and other musical events.

Another resident informed the inspector that they were very happy living in the centre and had no complaints about the service at the time of this inspection. They said that some of their social activities were on hold due to COVID-19, but they were still getting out for drives and enjoying walks on the various nearby beaches. They also informed the inspector that they felt safe in the centre and if they had any issues, they would speak with a staff member. Later on in the inspection process, the resident also invited the inspector to see their room. It was observed to be decorated to the individual style and preference of the resident and they informed the inspector that they liked to spend quiet time in their room on their computer, playing video games and/or watching TV.

The last resident spoken with informed the inspector that they liked living in the house and liked the staff team. They also said that they liked their room and were happy with the food options available to them. However, the resident expressed some dissatisfaction over one aspect of the service. Over the last few months there had been a number of adverse incidents occurring in the centre which could involve behavioural issues and loud vocalisations by another resident. This issue had not been fully resolved at the time of this inspection and the resident expressed dissatisfaction about this to the inspector.

The inspector read the annual review of the quality and safety of care for January 2020 to January 2021 as part of this inspection process. Feedback on the service from family members formed part of this review. The inspector noted that family

members were complimentary about the service, positive about the care and support provided to the residents and appreciated the hard work the team put into supporting their loved ones over 2020.

The inspector observed staff interactions with residents at times, throughout the inspection. Staff were observed to be caring, warm and professional in their interactions with the residents and residents were observed to be relaxed and comfortable in the presence of staff. Three staff members were also spoken with as part of this process and they were found to be knowledgeable on the needs of the residents and spoke about them in a person centred and dignified manner.

Overall residents reported that they were generally happy and content in their home and systems were in place to meet their assessed needs. However, one resident expressed dissatisfaction with one aspect of the service. This issue is discussed in more detail under regulation 23: Governance and Management in next section of this report.

Capacity and capability

On the day of this inspection, it was observed that the provider ensured adequate supports and resources were in place to meet the assessed needs of the residents and residents informed the inspector that they were generally happy and content in their home. However, one resident expressed dissatisfaction with one aspect of the governance and management arrangements in place in the centre.

The centre had a clearly defined management structure in place which consisted of an experienced person in charge who worked on a full-time basis in the organisation and was supported in their role by a director of operations, a team leader and a deputy team leader. The person in charge was a qualified professional and provided leadership and support to their team. They ensured that resources were channelled appropriately which meant that the individual and assessed needs of the residents were being met, as required by the Regulations.

They were also found to be responsive to the inspection process and aware of their legal remit to 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). For example, they were aware of the requirement to notify the chief inspector of any adverse incident occurring in the centre, as required by the regulations and the requirement to update the statement of purpose on an annual basis (or sooner where required).

They also ensured staff were appropriately qualified, trained, and supervised with the required skills and knowledge necessary to provide a responsive service to the residents. For example, from a small sample of files viewed, the inspector observed that staff had training in safeguarding of vulnerable adults, autism awareness, protection and welfare, safe administration of medication, positive behavioural

support, hand hygiene and infection control. Where required, one-to-one and/or two-to-one staffing support was also provided to the residents to promote their overall safety and wellbeing in the service and the community.

The person in charge and director of operations also ensured the centre was monitored and audited, as required by the regulations. There was an annual review of the quality and safety of care available in the centre for 2020 along with six-monthly auditing reports/unannounced visits. Such audits were ensuring the service remained responsive to the needs of the residents and were bringing about positive changes to the operational management of the centre. For example, the annual review determined that training was required to be in line with the statement of purpose and as part of the standing agenda for team meetings, specific policies should be discussed. This issue was addressed at the time of this inspection. The auditing process also identified a number of issues pertaining to aspects of residents documentation such as prn protocols and individual care plans. Again, these issues had been addressed (or there was a plan of action in place to address them) at the time of this inspection.

However, over the last few months there had been a number of adverse incidents occurring in communal parts the centre such as the kitchen and hallway. While management, staff and the multi-disciplinary team were aware of this issue and had processes in place to address it, the issue had not been fully resolved at the time of this inspection and one resident expressed dissatisfaction about this aspect of the service to the inspector.

Notwithstanding, this inspection found that the provider had ensured supports were in place to meet the assessed needs of the residents and residents informed the inspector that for the most part, they were happy and content in their home.

Regulation 14: Persons in charge

There was a person in charge in the centre, who was a qualified professional with experience of working in and managing services for people with disabilities. They were also found to be aware of their legal remit to the Regulations and were responsive to the inspection process.

Judgment: Compliant

Regulation 15: Staffing

The inspector was satisfied that there were adequate staffing arrangements in place to meet the needs of residents. Where required, residents were provided with one-to-one and/or two-to-one staff support. Of a small sample of files viewed, staff had training in safeguarding of vulnerable adults, fire safety, manual handling and

infection control.

Judgment: Compliant

Regulation 23: Governance and management

One aspect of the governance and management arrangements required review so as to ensure the service was at all times, appropriate to the needs of the residents. This was because over the last few months, a number of adverse incidents had occurred in the centre which were at times, adversely impacting on other residents. This issue had not been fully resolved at the time of this inspection.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose met the requirements of the Regulations. The statement of purpose consisted of a statement of aims and objectives of the centre and a statement as to the facilities and services which were to be provided to residents.

Judgment: Compliant

Quality and safety

Residents were supported to have meaningful lives within their home and their community. Systems were also in place to meet their assessed health, emotional and social care needs.

The individual social care needs of residents were being supported and encouraged. Residents informed the inspector that despite the current lockdown, they being supported to go for drives and scenic walks along the local nearby villages and beaches. Residents also informed the inspector that they liked to help cook with staff support, watch TV, use their computers and play video games while at home. Prior to the lockdown the inspector observed that residents were being supported to visit community-based amenities, attend clubs and attend various day services

From a small sample of files viewed, the inspector observed that residents were also being supported with their emotional and healthcare-related needs. Access to a range of allied healthcare professionals, to include GP services, occupational therapy, dietitian and audiologist services formed part of the service provided.

Where required, specific healthcare plans were in place to support residents with specific health-related conditions. At times, one resident may decline to attend health-related appointments however, where this occurred, the issue was discussed with the resident and a new appointment was made for them. The inspector also observed that one resident who was considering a significant medical intervention at some stage later this year, had access an independent representative and a team of multi-disciplinary professionals so as to support them with the decision making process concerning this procedure.

Hospital appointments were also provided for and residents had access to psychiatry, psychotherapy and behavioural support as and when required. Some residents had a multi-element behavioural support plan in place and from speaking with three staff members, the inspector observed that staff were knowledgeable on these plans. From a small sample of files viewed, staff also had training in positive behavioural support techniques.

Systems were in place to safeguard the residents and where required, safeguarding plans were in place. The inspector observed that there were some safeguarding issues currently open in the centre due to some peer to peer related issues. However, all adverse incidents occurring in the centre were being recorded, reported and responded to by the person in charge. Where required, residents were provided with one-to-one and/or two-to-one staff support and access to independent advocacy formed part of the service provided. From a small sample of files viewed, staff had training in safeguarding of vulnerable adults, protection and welfare and Children's First.

There were systems in place to manage and mitigate risk in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file to support their overall safety and wellbeing. For example, where a resident was at risk in their home or the community, they were provided with one-to-one and/or two-to-one staff support. Where there was a risk related to a healthcare issue, residents were supported to see their GP and/or dietitian and specific healthcare management plans were in place.

Systems were in place to mitigate against the risk of an outbreak of COVID-19 in the centre. For example, from a small sample of files viewed, staff had training in infection control, personal protective equipment (PPE) and hand hygiene. The person in charge also informed the inspector that there were adequate supplies of PPE available in the centre and it was being used in line with national guidelines. The inspector observed staff wearing PPE throughout the course of this inspection and also noted there were adequate hand-washing facilities and hand sanitising gels available throughout the house. The person in charge also informed the inspector that if required, all residents could be supported to self isolate in the centre.

Overall, residents were supported to have meaningful and active lives and systems were in place to meet their assessed health, emotional and social care needs.

Regulation 26: Risk management procedures

There were systems in place to manage and mitigate risk in the centre. There was a policy on risk management available and each resident had a number of individual risk assessments on file to support their overall safety and wellbeing.

Judgment: Compliant

Regulation 27: Protection against infection

Systems were in place to mitigate against the risk of an outbreak of COVID-19. From a small sample of files viewed, staff had training in infection control, personal protective equipment (PPE) and hand hygiene. The person in charge also informed the inspector that there were adequate supplies of PPE available in the centre and it was being used in line with national guidelines.

Judgment: Compliant

Regulation 6: Health care

From a small sample of files viewed the inspector observed that residents were also being supported with their emotional and healthcare-related needs. As required, access to a range of allied healthcare professionals, to include GP services, occupational therapy, dietitian and audiology services.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard the residents and where required, safeguarding plans were in place. The inspector observed that there were some safeguarding issues currently open in the centre and these due to some current peer to peer related issues. However, all adverse incidents occurring in the centre were being recorded, reported and responded to by the person in charge.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for The Glade OSV-0005398

Inspection ID: MON-0032004

Date of inspection: 09/03/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1) Safeguarding review of the Centre took place with the Designated officer, Person in Charge and Behavioural Specialist. Additional controls and recommendations have been incorporated into individual Service Users plans. 2) All actions from the safeguarding review meeting have been shared with the staff team at daily handover and will be discussed at the monthly team meeting. 3) Monthly safeguarding reviews of the Centre to take place in April and May to ensure all adverse incidents in the Centre have been addressed. 4) Person in Charge to monitor adverse incidents in the Centre, compatibility of Service Users through regular review of impact assessments and review of incidents when required. 5) Person in Charge to complete a review of the effectiveness of MEBSP in conjunction with Behavioural Specialist for Service Users where relevant following review of incidents and feedback to the Behavioural Specialist. 	

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	30/05/2021