



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

## Issued by the Chief Inspector

Name of designated centre:	Chapel View
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	05 October 2021
Centre ID:	OSV-0006448
Fieldwork ID:	MON-0033955

## About the designated centre

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

Chapel View consists of a bungalow located in a rural area but within close driving distance to a number of towns. The designated centre provides a full-time residential service for up to three residents of both genders, over the age of 30 with an intellectual disability, acquired brain injury and mental health needs. Each resident has their own en suite bedroom and other facilities in the centre include a kitchen/dining room, a lounge, a sitting room, a sunroom and staff facilities. Staff support is provided by a nurse, social care workers and support workers.

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

Number of residents on the date of inspection:	3
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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 5 October 2021	9:00 am to 5:00 pm	Ivan Cormican	Lead

## What residents told us and what inspectors observed

The inspector found that residents were supported to enjoy a good quality of life and that their welfare and involvement in decisions about their care was actively promoted.

The inspector met with three residents on the day of inspection. One resident was resting following the receipt of medical treatment on the morning of inspection and they did not interact with the inspector, the other two residents were busy having breakfast and getting ready for the day. Both residents appeared relaxed and comfortable as they went about their routines with the assistance of staff. One resident interacted with staff through gestures and some spoken words which the inspector did not understand. Staff, however had a good rapport with this resident and their knowledge of the resident's needs ensured the resident could make themselves understood. For example, this resident enjoyed a cigarette at various times throughout the day and staff actively supported them when requested by the resident. The remaining resident met briefly with the inspector, but they were in good spirits and they appeared to enjoy living in the centre on the day of inspection.

Two residents who were up and about on the day of inspection appeared to enjoy the company of staff. Staff chatted freely with them and their good humor and pleasant interactions created a homely atmosphere for residents. Residents enjoyed social activities and both went out for coffee and shopping on the morning of inspection. Both residents had guidelines in place when attending the community and staff were observed to remind one resident of these guidelines prior to heading out. The inspector observed that staff reminded the resident of these guidelines in a friendly manner which assisted in making the trip a pleasant experience.

The centre was warm and inviting and had a homely atmosphere. There were pictures of residents enjoying various social outings and they also had free access to all communal areas of their home. The centre was also clean and comfortably furnished with large couches. The residents used two reception rooms to relax and there was also a conservatory for residents to enjoy. As mentioned above, staff created a warm atmosphere and on the day of inspection two staff members prepared homemade vegetable soup for lunch which filled the centre with a pleasant and warm aroma.

Staff who met with the inspector were very pleasant and they were found to have a good knowledge of resident's individual needs. One resident had an individualised plan of care which supported them to access their local community in a safe manner. The inspector reviewed this plan prior to meeting with staff and they were found to have an in-depth knowledge of the resident's support needs and they could clearly account for their actions when assisting this resident. There was also guidance in place which was approved by an external agency in response to safety concerns. Staff and the person in charge were found to have a good understanding of the recommended measures and they were observed in practice on the day of

inspection.

Residents were kept up-to-date by attending regular key-worker sessions with named staff members where they discussed topics such as COVID 19, goals, activities and general news which was occurring in their home. Staff also used these meetings to educate residents on safeguarding and to discuss restrictive practices which may affect them. The inspector found that these arrangements assisted in promoting residents in the area of self care and protection and also promoted their right to be involved in decisions about their care and also in the running and operation of their home.

Overall, the inspector found that residents were supported to enjoy a good quality of life and that the rights and involvement in decisions about their care was actively promoted.

## Capacity and capability

The inspector found that the governance arrangements assisted in ensuring that residents were safe and enjoyed a good quality of life.

The person in charge facilitated the inspection and they were found to have an indepth knowledge of the residents' care needs and also of the care practices which were implemented to meet those needs. The person in charge was in a full-time role and they were supported by senior managers within the service. The also had management responsibility for one other service which was operated by this provider; however, they attended this service on a regular basis and their oversight arrangements ensured that care practices were maintained to a good standard.

Staff who met with the inspector had a good understanding of residents' care needs and they were observed to interact in a kind and caring manner throughout the inspection. A resident had an individualised plan of care and they met on a regular basis with staff from external agencies in regards to their placement within the centre. Staff and management of the centre were kept well informed of these meetings which assisted in ensuring that a consistent approach to care was promoted. This plan of care also required specific interventions in regards to behaviours of concern, including scripted responses to some verbal interactions. Staff who met with the inspector were found to have a good knowledge of this plan and they gave a clear account of how this resident's care needs were met.

The provider also had a training and refresher programme in place which assisted in ensuring that staff were able to meet the assessed needs of residents. Staff had completed mandatory training in safeguarding, fire safety and supporting residents with behaviours of concern. Additional training had also been completed in response to the risk of COVID 19, with training in hand hygiene, personal protective equipment (PPE) and infection prevention and control completed by all staff.

The provider had completed all required reviews and audits as stated by the regulations with some minor areas highlighted as requiring attention. The person in charge was also completing regular reviews on incidents to determine if there were trends of concern occurring. The person in charge also facilitated regular staff meetings in which care practices and updates within the centre were discussed. The inspector found that these arrangements facilitated staff members to raise concerns in regards to care practices and ensured that a transparent approach to care was promoted.

Overall, the inspector found that the person in charge had a good understanding of the service and that the oversight arrangements ensured that residents were safe and offered a good standard of care.

### Regulation 15: Staffing

The person in charge maintained an accurate staff rota which indicated that residents received continuity of care from a staff team who they were familiar with.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were up-to-date with their training needs and they attended regular team meetings which facilitated them to raise concerns in regards to care practices.

Judgment: Compliant

### Regulation 23: Governance and management

All required audits had been completed with required timelines. The annual review had also been completed following consultation with residents and their representatives. Feedback from this consultation was included in the annual review which indicated an overall good level of satisfaction with the service.

Judgment: Compliant

### Regulation 31: Notification of incidents

A review of documentation indicated that all notifications had been submitted as required by the regulations.

Judgment: Compliant

## Quality and safety

The inspector found that the quality and safety of care which was provided to residents was maintained to a good standard. Residents were consulted in regards to the running and operation of their home and they were also active members of their local community. Although, care was maintained a general good standard, improvements were required in regards to some fire precautions.

Each resident had a personal plan in place which clearly outlined their care requirements and also how they would prefer to have their individual needs met. Plans were comprehensive in nature and they were reviewed on at least an annual basis with the participation of the resident and their chosen representative. Residents also attended regular individualised meetings with their key-worker in which they discussed their plans, any on-going issues or concerns and their general life experiences. The inspector found that these arrangements ensured that residents were active in decisions about their care and were assisted to remain in charge of their care.

Residents' personal plans were also made available in a format which residents could easily access and outlined their personal interests and goals which they may need assistance with throughout the year. Residents had personal interests in being out and about in their local communities and also in improving their independence in areas such as cooking. The inspector found that daily activity records indicated that residents were well supported in these areas and key workers engaged with residents on a regular basis in achieving their chosen goals.

Residents had good access to their local communities and on the day of inspection residents were supported to go for coffee and shopping for personal items. Staff also explained that a resident enjoyed various seasonal events and Halloween was a particular favourite. On the day of inspection a costume arrived for this resident and the inspector observed that they really loved getting dressed up and showing staff what they would wear for Halloween.

As mentioned earlier in the report, some residents required assistance with behaviours of concern and the inspector found that these residents had individualised care plans in place which were reviewed on a regular basis and gave clear and concise guidance on the most appropriate measures to assist residents with these behaviours. Staff were found to have a comprehensive understanding of these plans and they gave the inspector a clear account of how the implementation of a consistent approach in this area of care ensured that residents were active in



their local communities and enjoyed a good quality of life.

Fire precautions were taken seriously by the provider and fire safety measures such as fire doors, emergency lighting and an alarm system were in place. The person in charge demonstrated that this equipment was serviced as required and reviewed by staff to ensure that they were in good working order at all times. Staff who met with the inspector had a good understanding of fire safety measures and they participated in regular fire drills. The person in charge also confirmed that the newest member of staff was due to participate in a fire drill on their next shift. Although fire safety measures were generally maintained to a good standard, some improvements were required to the centre's evacuation plan and resident's individual evacuation plans as these did not clearly outline the measures needed to evacuate the centre.

Overall, the inspector found that residents did enjoy a good quality of life and the arrangements which were implemented by the provider, person in charge and the staff team ensured that residents were actively involved decisions about their care.

### Regulation 26: Risk management procedures

The provider had risk management processes in place which promoted residents' safety and well being. Risk assessments had been completed in response to COVID 19 and fire safety. Individual risk assessments had also been implemented in response to behaviours of concern and medical issues such as diabetes. A review of incident records also indicated that the provider responded in a prompt manner to any issues of concern.

Judgment: Compliant

### Regulation 27: Protection against infection

The centre was clean and enhanced hygiene regimes had been implemented in response to COVID 19. Staff were also wearing PPE and residents were kept up-to-date in regards to infection prevention and control measures.

Judgment: Compliant

### Regulation 28: Fire precautions

Fire safety measures were generally maintained to a good standard, some improvements were required to the centre's evacuation plan and resident's

individual evacuation plans as these did not clearly outline the measures needed to evacuated the centre.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Residents' plans were comprehensive and reviewed on at least an annual basis with the participation of residents. Residents also had a good social life and enjoyed daily access to their local community.

Judgment: Compliant

### Regulation 6: Health care

Residents had good access to their general practitioner of choice and detailed health care plans were in place in response to individual health needs. Staff members were also found to have a good understanding of these health care plans.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There was clear guidance in place for staff when responding to behaviours of concern. There was also some restrictive practices in place but these had been risk assessed and reviewed on a regular basis with the resident to ensure that the least restrictive measure was implemented.

Judgment: Compliant

### Regulation 8: Protection

Safeguarding was discussed with residents on a regular basis which promoted their understanding of self care and protection. There were no active safeguarding plans in this centre on the day of inspection.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents were actively consulted in regards to the running and operation of their home. Advocacy was also available should it be requested by residents.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially 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

# Compliance Plan for Chapel View OSV-0006448

Inspection ID: MON-0033955

Date of inspection: 05/10/2021

## 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 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"><li>1. The Person in Charge will ensure that all Staff participate in a fire drill and procedures relating to fire safety and Service Users personal emergency evacuation plans are discussed with the Staff team at the monthly Team Meeting on 28/10/2021.</li><li>2. The Person in Charge shall update the Designated Centre's fire evacuation plan and the Service Users individual evacuation plans, to clearly outline the measures needed to safely evacuate the Service Users in the Centre. The updated emergency plan was discussed with the Staff team at the monthly Team Meeting on 28/10/2021.</li></ol>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	28/10/2021
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the designated centre.	Substantially Compliant	Yellow	28/10/2021