



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

## Issued by the Chief Inspector

Name of designated centre:	Rivendell
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Carlow
Type of inspection:	Announced
Date of inspection:	27 September 2022
Centre ID:	OSV-0007758
Fieldwork ID:	MON-0037721

## About the designated centre

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

Rivendell provides 24-hour care for up to four adult residents, both male and female from 18 years of age onwards. The designated centre provides care for adults whom require support with autism, intellectual disabilities, borderline personality disorder and or individuals who exhibit behaviours that challenge. The centre is a two storey building comprising of four individual self contained apartments located in a rural area of Co.Carlow. Amongst the local amenities are hairdressers, a library, local parks, a community centre, horse riding centre, GAA clubs, and a selection of restaurants and social groups. The staff team consists of social care workers and support workers. There is a full time person in charge of the centre, along with one team leader and four deputy team leaders. The provider, Nua Healthcare, also provide the services of the Multidisciplinary Team. These services include; Psychiatrist, Psychologist, Occupational Therapist, Speech and language Therapist and nurses.

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

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
Tuesday 27 September 2022	09:00hrs to 17:30hrs	Sarah Mockler	Lead
Tuesday 27 September 2022	09:00hrs to 17:30hrs	Tanya Brady	Support

## What residents told us and what inspectors observed

This was an announced inspection completed to inform the registration renewal decision of this centre. Two inspectors were present for the inspection with the centre having been inspected on seven occasions to date. Areas of non-compliance with Regulations were identified on previous inspections and the inspectors found that the provider had put a number of measures in place to mitigate some of these identified risks. In addition to this, since the most recent inspection the centre had reduced its capacity due to discharges and transfers of residents. The combination of these factors resulted in improved levels of compliance as found on this inspection.

The centre was observed to be providing care and support to highly complex and vulnerable residents who were assessed as requiring high levels of care, support and staff supervision. This was reflected in high levels of staffing ratios in terms of the residents' support needs and behavioural presentation. There were a significant amount of restrictive measures in place both in the form of environmental and physical restraints that were associated with identified assessed risks that presented in the centre.

On the day of the inspection two residents were living in the centre. Inspectors had the opportunity to meet with both residents. Residents' levels of engagement with the inspectors varied due to different factors and the inspectors respected residents' preferences and wishes in terms of their interactions with them. In addition to spending time with residents, the inspectors spoke with members of management, the staff team, and completed an in-depth documentation review of key areas of care to determine what it was like to live in the centre.

On the walk around of the centre it was noted that each resident lived in their own separate self-contained apartment. The designated centre comprises of a main home which was sub-divided into three separate self-contained apartments. A fourth self-contained apartment was attached to the main home and had its own separate entrance. Within the main home was also a staff office, communal kitchen and dining area, lounge area and staff bathrooms. Each self-contained apartment encompassed a small kitchenette area located off a living room and an individual en suite bedroom.

On the walk around in the morning, both inspectors met one resident that was relaxing in their apartment. They were supported by two staff members at this time. When asked if they would like to speak with inspectors they declined this offer. At this time the resident was seen to express that they were not feeling the best on this day. Appropriate support and reassurance were provided by the staff present. Later in the day the resident expressed that they were happy to meet one inspector. Again at this time the resident was supported by two staff members. They were watching a preferred movie and seemed very comfortable. They answered some direct questions about their apartment and preferred activities but the resident's

overall preference at this time was to interact with the staff present. Observations at this time noted that staff were patient with their interactions with the resident. They used respectful language and were seen listen to the residents concerns. They provided appropriate reassurance.

Another resident had been supported to attend a medical appointment in the morning and was not present when the inspection began. Later in the day they welcomed the inspector into their apartment as they relaxed and watched television. The inspector observed that the resident engaged with sensory items that were present and that they had been involved in using modelling materials supported by their staff. The resident's art work was on display on the walls and they looked towards it when it was talked about. The resident presented with complex communication needs and used a total communication approach. The inspector used a manual signing system and the staff showed the inspector symbol and photograph based communication systems also used to support understanding of language. The resident stood to welcome the inspector and used directed eye gaze to indicate that they should sit on a sofa. The resident was comfortable in the presence of their support staff who while new to the staff team demonstrated awareness of the residents strengths, likes and dislikes.

The staff team over the course of the day were observed to be caring and respectful in their engagements with residents.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

## Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the Regulations and to contribute to the decision-making process for the renewal of the centre's registration. Inspectors found that the centre was demonstrating levels of compliance with a number of regulations. A number of changes had occurred in the centre in recent months, the centre had a new management team in place. In addition to this, on the day of inspection, the centre was at reduced capacity.

There was a suitably qualified and experienced person in charge. This person in charge was employed in a full-time capacity. There was a clearly defined management structure in place which identified lines of authority and accountability. The designated centre had three deputy team leaders in place who reported directly to the person in charge. They supported the person in charge in their governance, operational management and administration of the designated centre. In addition the person in charge was supported by the director of operations. Both the person in charge and director of operations were present on the day of inspection. Although both members of management had recently commenced in this centre they demonstrated a strong knowledge of key governance aspects of the centre as well

as demonstrating good knowledge of residents' specific needs.

The designated centre was resourced to deliver support for the assessed needs of the residents. A large number of staff was employed and available in this centre and each resident had between one and two staff members supporting them during the day and night in their apartment. Inspectors spoke with members of the direct support team and found them to be knowledgeable on the residents' support needs, and specific routines. The staff spoken with had recently commenced working in the centre and expressed that to date they had been well supported in their role and through the induction process.

The inspectors reviewed the training matrix. It was found that this document accurately reflected the training completed by the staff. All staff had completed mandatory training in areas including fire safety, safeguarding and medication management and positive behaviour support training. In addition to this staff had completed specific training in line with the residents' specific assessed needs.

Since the person in charge commenced in their post they had ensured that all staff had formal supervision in a one to one format. In addition to this the person in charge had also completed on the job training with each member of staff. A review of supervision records found that the content of supervision was appropriate to the needs of staff.

### Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application to renew the registration of the centre. For the most part, all aspects of the application were in line with the requirements of the regulations. One amendment to the application form was required and the provider submitted the required information following the inspection.

Judgment: Compliant

### Regulation 15: Staffing

The provider had ensured the centre was staffed to meet the assessed needs of the residents. The staff team numbers were found to be in line with those outlined in the centre statement of purpose. There were systems of on call management support in place for the staff team should this be required outside of normal working hours.

The person in charge had a roster in place that was found to accurately reflect the staffing numbers on the day of inspection and it was well maintained. A core team of relief staff were available and utilised to fill any gaps in the roster that may arise

due to planned or unplanned leave.

The inspectors reviewed a sample of staff personnel files and found that they contained all information as required in Schedule 2.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider and person in charge had systems in place to ensure that staff were supported to access training as required. The inspectors reviewed the staff team's training matrix and found that all staff including the person in charge had completed mandatory training and refresher training as required. They had also completed training that was specific to the residents' assessed needs.

A previous inspection of the centre had found that formal staff supervision had not been completed as outlined in the providers policy. The inspectors found on this inspection that the provider had reviewed and updated their policy and that all staff had been in receipt of a supervision meeting. The staff who spoke with the inspectors stated that they found the supervision process supportive and that setting goals to work towards was helpful for their professional development. The inspectors found that in addition to formal supervision the staff team had been provided with on floor practical mentoring and support by the person in charge.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had made changes to the local management of the centre that had been new at the point of the last inspection. The inspectors found that these changes were now established and had been implementing positive systems of oversight and review. There were clear lines of authority and accountability in place and the staff team and the residents were clear on who they would speak to should concerns or queries arise.

The person in charge was involved in a number of the provider's committees which was resulting in shared learning throughout the staff team. They were supported by deputy team leaders in the centre and by a Director of Operations who was a regular presence in the centre. Audits reviewed by the inspectors were found to be identifying areas for improvement and actions set were reviewed on a regular basis to ensure progress was made.



Judgment: Compliant

### Regulation 3: Statement of purpose

As part of the application process the provider was required to provide an up-to-date statement of purpose. The required information as set out by the regulations, was contained in this document. In addition to this the provider was regularly updating this document as required.

Judgment: Compliant

### Quality and safety

Overall, inspectors found that the day-to-day practice within this centre ensured that residents were receiving a safe service that overall met residents' specific assessed needs. Residents were seen to be treated with dignity and respect and the care provided was appropriate to the residents' needs. Due to a number of challenging incidents and other factors, the provider had been focusing on ensuring the service was safe at all times.

The inspectors found the premises to be overall well maintained. On surface level it appeared clean. Each resident had their own self-contained apartment which was designed to ensure the assessed needs and safety measures of each individual could be met. There was a open plan kitchenette and living area and the resident also had access to their own en suite bedroom. There was storage available to store the residents personal items. Each resident had their own secure garden. There were some minor improvements needed to some aspects of the premises, such as deep cleaning of some areas of bathrooms where small areas of mould were present, ensuring counter tops were well maintained and ensuring the high areas of the home were sufficiently cleaned.

As required multi-element behaviour support plans were in place. The strategies devised in these plans were devised by a team of behaviour specialists that had regular contact with the staff team. On the day of inspection a member of the behaviour support team was present to help support staff with the implementation of a revised behaviour support plan. In addition to the behaviour support plans, there was a number of restrictive practices in effect such as secured doors, equipment and belongings being stored securely, restricted access to certain services and the use of prescribed physical restraints to ensure the residents were kept as safe as possible. Restrictive practices were reviewed on a regular basis by the person in charge and relevant members of the behaviour support team. Risk assessments were also in place and reviewed on a regular basis.

There had been a number of incidents, adverse events and also allegations that care was not up to the appropriate standard in the last three months. Inspectors noted that the provider and local management took all alleged or suspected safeguarding incidents and allegations seriously and all allegations and incidents were progressed and investigated in accordance with organisational and national policy. Referrals were made to the safeguarding designated officer for all incidents, and where relevant, incidents were notified to the Chief Inspector of Social Services and to An Garda Síochána.

### Regulation 17: Premises

The design and layout of the premises was suitable for the assessed needs of the residents. As stated previously residents had access to their own single occupancy apartments. There was also an open plan living area and kitchen in the main home. If the residents so wished they could access this part of the home with staff support.

There were some minor areas of improvement that were required in some areas of the house. The cleaning of bathrooms and high areas of the home required review. For example, shower mats were located on the shower trays and small accumulations of mould were present. It was not clear if shower mats were removed to effectively clean this area. In addition to this some laminate was missing from counter tops. effective cleaning of these areas would be hindered by this. Minor areas of painting were required where the furniture had rubbed walls or paint was chipped due to wear and tear.

Judgment: Substantially compliant

### Regulation 25: Temporary absence, transition and discharge of residents

The inspectors reviewed the transition plan of a resident that had transferred to another designated centre. This was an internal transfer as the identified designated centre was also part of the provider's remit. The transfer occurred due to the resident expressing that this was their preference.

In order to ensure the transfer was planned and in the best interests of the resident the provider and person in charge had taken a number of steps in this process. The transfer was discussed at the admissions, discharge, and transfer team meetings. An initial needs assessment was completed by the person in charge to ensure the resident's assessed needs could be met in the identified designated centre. A transition plan was put in place whereby the resident had the opportunity to visit the new centre. Regular reviews of the placement had occurred to date and although the resident had only recently moved the management team reported that the resident had settled in well.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider had in place procedures to ensure that residents were protected from acquiring a healthcare associated infection. These procedures included using Personal Protective Equipment, temperature checks and regular hand hygiene practices. The premises for the most part was visibly clean and staff were observed to regularly clean areas of the home throughout the inspection day.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Staff were provided with detailed guidance and strategies to help them support residents appropriately. As previously stated, up-to-date behaviour support plans were in place. Behaviour support plans clearly stated that restrictive practices were to used only when other strategies had failed. A review of a sample of incidents, indicated that certain restrictive practices had only been utilised as stated.

There were plans in place to reduce some restrictive practices over the coming months. Reduction of restrictive was determined on observable criteria in line with the providers updated policy.

Judgment: Compliant

### Regulation 8: Protection

The registered provider had arrangements in place to safeguard residents. Staff spoken with were knowledgeable on both local and national procedures and were all up-to-date with the relevant safeguarding training. Incidents and allegations of a safeguarding nature were appropriately investigated and referred on to relevant reporting bodies. Safeguarding plans were in place as required.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Rivendell OSV-0007758

Inspection ID: MON-0037721

Date of inspection: 27/09/2022

## 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 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The Person in Charge (PIC) will ensure the minor areas of improvement will be rectified with the following actions taken below:</p> <ol style="list-style-type: none"><li>1) Painting requirements have been logged on internal system for completion to rectify the wear and tear areas identified.</li><li>2) Laminate on counter tops to be replaced where required.</li><li>3) Cleaning of bathrooms and high areas of the home have been thoroughly cleaned and monitored via the daily cleaning SOP's.</li><li>4) Shower mats removed and documented on cleaning SOP's after each occurrence to demonstrate adequate cleaning of same.</li><li>5) The grout will be deep cleaned and may be replaced where necessary due to discoloration.</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 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	31/10/2022