



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

Issued by the Chief Inspector

Name of designated centre:	Rathverna
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	08 December 2021
Centre ID:	OSV-0007874
Fieldwork ID:	MON-0030720

About the designated centre

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

Rathverna is located near a small village in Co. Waterford. It comprises a large two-storey dwelling, split into three units. There are three bedrooms in the main unit and two supported living units that can accommodate single individuals. Rathverna provides 24-hour care to up to five adult residents, both male and female from 18 years of age onwards. It is the purpose of Rathverna to deliver services to individuals who require support with Autism (ASD), Intellectual Disabilities and Acquired Brain Injury (ABI). The staff team is comprised of social care workers and assistant support workers. A full time person in charge is present in the centre on a regular basis.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 8 December 2021	11:55hrs to 18:15hrs	Lisa Redmond	Lead

What residents told us and what inspectors observed

On the day of this unannounced inspection, the inspector met the five residents that lived in the designated centre. This inspection was completed during the COVID-19 pandemic. The inspector carried out all necessary precautions in line with COVID-19 prevention against infection guidance and adhered to public health guidance at all times.

The designated centre was a two-storey house which was located in a rural setting. The residents' home was split into three areas, a main area which supported three residents, and two supported living units that both accommodated a single resident. The inspector visited all areas of the designated centre as part of this inspection, and met with residents as they did so.

One resident's living area had minimal items on display, however this was in line with their personal plan and assessed needs. In all other areas, residents' living areas were decorated with personal items including photographs, posters and books. A Christmas tree and Christmas decorations were on display, ready for the festive season.

Residents were observed coming and going throughout the day as they completed activities with staff members, and returned from day services. One resident went to the shop where they bought sausage rolls to have for their lunch, while another resident went out to buy a new puzzle book. One resident was observed relaxing with a blanket on the recliner chair as they watched a movie, and chatted with the inspector. Residents spoke about their interests which included movies, music and completing puzzles. There was a small pool table, exercise equipment, televisions, radio and arts and crafts items available to residents to relax and engage in activities of their choosing.

Interactions between staff members and residents were observed to be respectful. At all times, residents appeared comfortable in the presence of staff. During the inspection, one resident requested staff members take a photograph with them and this was facilitated. Staff members spoken with knew residents well, and provided individualised supports as outlined in their plans.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

The inspector found that there was a good level of oversight of care delivery in the designated centre. Systems were in place to ensure residents were supported in line with their assessed needs, by a suitably qualified staff team.

Residents were supported by a team of social care workers and assistant support workers. There were two deputy team leaders in the centre, who supported the person in charge in the management and oversight of the centre. All staff members reported directly to the person in charge. The inspector met with the person in charge on the day of the inspection. They had a clear understanding of residents' support needs. They also clearly demonstrated how they supervised staff members to ensure they provided effective care to residents.

Oversight of the designated centre was maintained in a number of ways. The person in charge completed weekly reports which were sent to the director of operations. These reports reviewed areas including complaints, compliments and incidents occurring in the centre. The director of operations reported weekly to members of the senior management team, which included outlining actions taken to address any issues or concerns in the centre. Clinical service reviews were also completed in areas such as safeguarding and management of behaviour that is challenging.

Overall this centre was found to be well managed and was providing a very good service.

Regulation 14: Persons in charge

The designated centre had a person in charge. This individual held the necessary skills and qualifications to fulfil the role. The person in charge worked full-time, and they held this role for this designated centre alone.

It was evident that the person in charge was aware of the individual needs of residents and their role and responsibility to ensure the centre was compliant with the regulations. The person in charge worked from the designated centre, which supported the supervision of staff members.

Judgment: Compliant

Regulation 15: Staffing

Residents were supported by a team of social care workers and assistant support workers. Recruitment of additional staff had taken place with five additional staff members due to start working in the designated centre in the weeks after the inspection.

A rota had been developed which outlined the staff on duty in the centre each day. On dates reviewed by the inspector, it was evident that sufficient staffing had been put in place to ensure residents were supervised in line with their personal plans and assessed needs.

Judgment: Compliant

Regulation 16: Training and staff development

Staff working in the centre completed mandatory training in fire safety, the safeguarding of vulnerable adults and managing behaviour that is challenging. Staff members were also supported to complete training in line with the assessed needs of residents including medication management, first aid, autism awareness and provision of intimate care.

In response to the COVID-19 pandemic, staff members participated in training in infection prevention and control, hand hygiene and the use of personal protective equipment (PPE).

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in the designated centre. There were two deputy team leaders appointed, who supported the person in charge in the management and oversight of the centre. All staff members reported directly to the person in charge. The person in charge reported to the director of operations, who then report to the chief operations officer. This individual reported to the chief executive officer and the board of directors.

Management systems were effectively monitored and ensured the provision of high quality and safe care. Residents were very well supported and enjoyed a very good service in this centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policy and procedures on the matters set out in Schedule 5 of the regulations were available for review in the designated centre. This included policies on the designated centre's complaints procedure, the safeguarding of residents and staff

training and development.

These policies and procedures were subject to regular review. This ensured that staff members were guided on how to support residents in line with the organisation's policies and procedures.

Judgment: Compliant

Quality and safety

Residents received a good quality of care and support in their home.

The organisation had a quality and safety committee. The committee reviewed areas for quality improvement in the organisation including resident safety, infection prevention and control and safeguarding. In the weeks before this inspection, staff in the centre had presented to this committee about the progress in supporting one resident to manage challenging behaviour. This promoted shared learning within the organisation and continuous quality improvement in the centre.

Before meeting some of the residents, staff members briefed the inspector on important elements of their behaviour support plans. This included triggers and proactive strategies that were in place. This ensured the safety of residents, staff members and the inspector at all times

Residents had a staff member that was assigned as their key worker. There was evidence that staff members met with residents on a regular basis. For example, there was evidence of a discussion with one resident about a restrictive practice that impacted on them. This discussion included the use of a social story.

Regulation 13: General welfare and development

Each resident had a daily activity planner which outlined their plan each day. The inspector reviewed a sample of these plans and it was identified that residents were provided with activities as outlined in their plan.

A number of residents attended day services during the day, while other residents were supported by staff in the centre. Residents were provided with a variety of in-house and community activities. This included visits with family, picnics, walks, computer games and television. One resident was hoping they would be able to attend a music concert that had been postponed due to the COVID-19 restrictions.

Judgment: Compliant

Regulation 17: Premises

The designated centre was a two-storey house which was located in a rural setting. It was divided into three areas. A main area which supported three residents and two supported living units that both accommodated a single resident. The designated centre was inspected in full as part of this inspection. The residents' home was clean, warm and suitably decorated.

Residents showed the inspector their bedrooms. These were filled with personal items including art work and photographs.

Judgment: Compliant

Regulation 26: Risk management procedures

Individual risk management plans had been developed for each resident. Where risks were identified, there was evidence of control measures being put in place to reduce these risks. For example, where it was identified that all staff members would have a particular form of training, this training had been provided to all staff. There was evidence of oversight of risks in the designated centre by the person in charge and the director of operations.

The inspector reviewed the incident log in the centre. These reports were comprehensive in nature and included areas for learning following an incident occurring. It was evident that the person in charge had oversight of all incidents occurring in the centre.

Judgment: Compliant

Regulation 27: Protection against infection

It was evident that staff members were aware of measures in place to protect resident against COVID-19. Staff members wore appropriate personal protective equipment (PPE) when providing support to residents. A contingency plan had also been developed to ensure that staff members were aware of the actions to be taken in the event of an outbreak of COVID-19.

Judgment: Compliant

Regulation 28: Fire precautions

Fire-resistant doors, emergency lighting and fire-fighting equipment were provided. The fire alarm panel was reviewed every quarter by a competent person. The designated centre was divided into zones, and these areas were clearly displayed beside the panel so that staff could quickly identify the location of a fire or smoke.

Regular fire drills were carried out in the designated centre, and this evidenced that all residents could be safely evacuated in an emergency. An emergency bag was available, which contained items that may be required in an emergency situation.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents' medicines administration records included information about their medicines. This included the medicine name, dose and route of administration. Each medicine was prescribed by a general practitioner (G.P). When a resident received PRN medicines (a medicine taken as required), the maximum dose the resident could receive in a 24 hour period was clearly documented.

It was identified that there had been medicine errors in the centre. It was evident that staff learning and reflection on these incidents had been completed. When required, staff members were provided with further training in the management of medicines.

Judgment: Compliant

Regulation 7: Positive behavioural support

Each resident had a multi-element behaviour support plan which had been developed to support them to manage behaviour that is challenging. These were devised by behaviour specialists as part of a multi-disciplinary team approach. These plans included potential triggers and events that may make incidents more likely to occur. It also included proactive and reactive strategies that were in place to support residents. Staff members were observed implementing residents' behaviour support plans throughout the inspection.

Where restrictive practices were used, these were clearly documented. There was evidence of monthly oversight of restrictive practices. There was a process for recording the use of an unplanned restrictive practice using the designated centre's incident log. It was also noted that restrictive practices were discussed with

residents, and that there were plans to reduce one restrictive practice in the centre.

Judgment: Compliant

Regulation 8: Protection

There were designated safeguarding officers that staff members could report concerns to. When an allegation was made, there was evidence that an investigation into the alleged event had been carried out. At the time of the inspection, there were no open safeguarding plans in the centre.

Residents had an intimate care plan which outlined the supports they were to be provided by staff, and those they could complete independently.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant