



# 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:	Announced
Date of inspection:	11 May 2023
Centre ID:	OSV-0007874
Fieldwork ID:	MON-0030703

## 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
Thursday 11 May 2023	09:00hrs to 17:00hrs	Miranda Tully	Lead

## What residents told us and what inspectors observed

This was an announced inspection completed to monitor levels of compliance with regulations and to inform the upcoming decision in relation to the renewal of the centre's registration. The inspector had the opportunity to meet with four residents that lived in the centre. In addition to speaking with residents, the inspector observed daily routines with residents, spent time discussing residents' specific needs and preferences with staff and completed documentation review in relation to the care and support provided to residents. Overall, it was found that the care and support was person-centred and in line with the residents' specific needs.

On arrival at the centre, it was noted that it was a well-maintained, large two-storey home located in a rural setting in Co. Waterford. The inspector completed a walk around of the property with the deputy director and person in charge of the centre. The centre was divided into three areas, a main area which supported three residents, and two supported living units that both accommodated a single resident. 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 according to individual preferences. Five residents were living in the centre at the time of the inspection. The inspector had the opportunity to meet four residents and also observed the fifth resident engaging with staff while carrying out their morning routine.

Residents were observed coming and going from the centre throughout the day to attend activities and appointments. The centre had a number of vehicles available to residents to ensure accessibility to amenities locally. It was evident that residents were supported to maintain and develop relationships external to the centre with the person in charge providing examples of residents going on trips to the cinema with new friends, while another resident described activities such as swimming with family.

As this inspection was announced, the residents' views had also been sought in advance of the inspector's arrival via the use of questionnaires. Five questionnaires were completed with the support of staff. The response from residents was positive with residents noting they had a good relationship with staff, enjoyed activities such as baking, basketball and soccer and also liked their bedrooms, garden and sensory corner.

High levels of staff support were noted in the centre and the staff team appeared knowledgeable regarding the residents' individual preferences and needs when speaking with the inspector. The staff team is comprised of social care workers and assistant support workers.

In summary, it was evident that the residents received a good quality of care and support. The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in

place impacted on the quality and safety of the service being delivered.

## Capacity and capability

Overall the inspector found that the registered provider was demonstrating effective governance, leadership and management arrangements in the centre which ensured they were effective in providing a good quality and safe service.

There were clear lines of authority and accountability within the centre. The centre was managed by a full-time, suitably qualified and experienced person in charge. The person in charge was supported in their role by two deputy team leaders. There was evidence of regular quality assurance audits of the quality and safety of care taking place, including the annual review and unannounced provider six-monthly audits. These quality assurance audits identified areas for improvement and action plans were developed in response.

On the day of inspection, there was an experienced and consistent staff team in place in this centre and there were high levels of staff support for residents. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

There was a programme of training and refresher training in place for all staff. The inspector reviewed a sample of the centre's staff training records and found that it was evident that the staff team in the centre had up-to-date training and were appropriately supervised. This meant that the staff team had up-to-date knowledge and skills to meet the residents' assessed needs.

## Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. On review of relevant documentation there was clear evidence the person in charge was competent, with appropriate qualifications and skills to oversee the centre and meet its stated purpose, aims and objectives. The person in charge demonstrated good understanding and knowledge about the requirements of the Health Act 2007, regulations and standards. The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection.

Judgment: Compliant

## Regulation 15: Staffing

The inspector reviewed a sample of the roster and found that there was a core staff team in place and the use of regular relief staff which ensured continuity of care and support to residents. On the day of the inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. Planned and actual rotas were also maintained and found to contain the required information.

A sample of staff files were reviewed, one file did not contain satisfactory history of gaps in employment on the day of inspection. Additional information was provided to the inspector the day following the inspection outlining rational for such gaps. Additional files reviewed by the inspector were found to contain the information required by regulation.

On-call arrangements were in place and communicated to staff to ensure access to managerial support at times when this may be required.

Judgment: Compliant

## Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The staff team in the centre had up-to-date training in areas including infection prevention and control, fire safety, safeguarding and first aid.

There was a supervision system in place and all staff engaged in formal supervision. From a review of the supervision schedule and a sample of records, it was evident that formal supervisions were taking place in line with the provider's policy.

Judgment: Compliant

## Regulation 23: Governance and management

High levels of compliance with the regulations reviewed were observed on the day of inspection. There was a clearly defined management structure in place. The governance systems in place ensured that service delivery was safe and effective through the ongoing audit and monitoring of its performance resulting in a thorough and effective quality assurance system. For example, there was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents' needs. The quality assurance audits included the annual review 2022 and six-monthly provider visits. These audits identified areas for improvement and

developed action plans in response. In addition the annual review 2022 included feedback from residents and their representatives.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations. The statement of purpose clearly described the model of care and support delivered to residents in the service. It reflected the day-to-day operation of the designated centre. In addition a walk around of the property confirmed that the statement of purpose accurately described the facilities available.

Judgment: Compliant

### Quality and safety

Overall, the inspector found that the centre presented as a comfortable home and provided person-centred care to the residents. A number of key areas were reviewed to determine if the care and support provided to residents was safe and effective. These included meeting residents and the staff team, a review of personal plans, healthcare plans, risk documentation, fire safety documentation, and protection against infection processes. The inspector found good evidence of residents being well supported in the majority of areas of care and support.

The inspector reviewed a sample of residents' personal files. Each resident had an up-to-date comprehensive assessment of their personal, social and health needs. Personal support plans reviewed were found to be up to date and suitably guiding the staff team in supporting the residents with their needs. The residents were supported to access health and social care professionals as appropriate.

The inspector found that the service provider had systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of the residents. The designated centre was visibly clean and well maintained on the day of the inspection.

### Regulation 13: General welfare and development



Residents were being supported to develop and achieve their goals and participate in a range of activities. A sample of residents personal plans were reviewed. These plans clearly outlined the supports residents may require. Residents attended day services and were also supported by staff in the centre. Residents were provided with a variety of in-house and community activities. For example, horse riding, swimming, attending the cinema with friends and in-house activities such as foosball and baking.

Judgment: Compliant

### Regulation 17: Premises

The premises was well maintained internally and externally. The centre was a large house situated a short distance from a small rural village.

The design and layout of the centre was in line with the statement of purpose. It was divided into three areas. A main area which supported three residents and two supported living units that both accommodated a single resident. One resident's living area had minimal items on display, however this was in line with their personal plan and assessed needs. In other parts of the centre, staff had supported residents to display their personal items and in ensuring that their personal possessions and pictures were available to them. All residents had their own bedrooms which were decorated to reflect their individual tastes.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider prepared a residents guide which contained the required information as set out by the regulations. The required information outlined in the residents' guide corresponds with other related regulations specifically the statement of purpose, residents' rights, communication, visits, admissions and contract for the provision of services and the complaints procedure.

Judgment: Compliant

### Regulation 26: Risk management procedures

The safety of residents was promoted through risk assessment, learning from adverse events and the implementation of policies and procedures. It was evident

that incidents were reviewed and learning from such incidents informed practice. There were systems in place for the assessment, management and ongoing review of risks in the designated centre. For example, risks were managed and reviewed through a centre specific risk register and individual risk assessments. The individual risk assessments were up to date and reflective of the controls in place to mitigate the risks.

Judgment: Compliant

### Regulation 27: Protection against infection

There were systems in place for the prevention and management of risks associated with infection. There was evidence of contingency planning in place for COVID-19 in relation to staffing and the self-isolation of residents. There was infection control guidance and protocols in place in the centre. The inspector observed that the centre was visibly clean on the day of the inspection.

Judgment: Compliant

### Regulation 28: Fire precautions

There were systems in place for fire safety management. All staff had received suitable training in fire prevention and emergency procedures. There were adequate means of escape, including emergency lighting. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. There was evidence of regular fire evacuation drills taking place in the centre.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspector reviewed residents' personal files. Each resident had a comprehensive assessment which identified the residents' health, social and personal needs. The assessment informed the residents' personal plans which guided the staff team in supporting residents with identified needs, supports and goals. Staff were observed to implement the plans on the day of inspection and were seen to respond in a person-centred way to residents. There was evidence of regular review and oversight of the effectiveness of plans in place with regular audit of individual

support files.
Judgment: Compliant
<b>Regulation 6: Health care</b>
Each residents' healthcare supports had been appropriately identified and assessed. The inspectors reviewed a sample of healthcare plans and found that they appropriately guided the staff team in supporting residents with their healthcare needs. The person in charge had ensured that residents were facilitated to access appropriate health and social care professionals as required.
Judgment: Compliant
<b>Regulation 7: Positive behavioural support</b>
Residents were supported to manage their behaviours and positive behaviour support guidelines were in place as required. Staff had up-to-date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.  There were systems in place to identify, manage and review the use of restrictive practices. There were a number of restrictive practices in use in the designated centre which had been appropriately identified as restrictive practices.
Judgment: Compliant
<b>Regulation 8: Protection</b>
Residents were protected by the policies, procedures and practices relating to safeguarding and protection. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. When an allegation was made, there was evidence that an investigation into the alleged event had been carried out.
Judgment: Compliant

## Regulation 9: Residents' rights

Through observation and review of systems in place it was evident that residents were facilitated to exercise choice and control across a range of daily activities and to have their choices and decisions respected. Residents were seen to be consulted regarding how the centre was run with regular discussion using communication appropriate to their assessed needs.

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>	
Regulation 14: Persons in charge	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 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	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