



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

Issued by the Chief Inspector

Name of designated centre:	Gainevale House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	06 October 2023
Centre ID:	OSV-0008063
Fieldwork ID:	MON-0034090

About the designated centre

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

This is a service providing residential care and support to five adults with disabilities. The service is located in Co. Westmeath in close proximity to the nearest small town. The centre is staffed full time including two waking night staff. The person in charge is supported by two team leaders. The centre is a large detached house on its own grounds. Each resident has their own bedroom which are personalised to their individual taste and preference. There is a spacious and functional outside area with parking for multiple vehicles. There are various communal areas, and adequate laundry facilities are available.

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
Friday 6 October 2023	10:30hrs to 16:30hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This inspection was conducted in order to assess the on-going compliance with the regulations and standards. On arrival at the centre the inspector saw that, residents were engaged in various activities of their choice, and were at various stages of getting ready for the day with the support of staff.

The designated centre was nicely decorated and well maintained, and as well as pleasant living accommodation, there was a spacious outside space, which residents were observed to be enjoying spending time in.

One of the residents invited the inspector into their room for a chat, and told the inspector about their activities. They told the inspector that they always chose their own routine and activities, and were keen to point out several personal items that were meaningful to them, such as pieces of art that they had created, and items that they were clearly proud of. They showed the inspector their tablet which had various options of interest to them. They told the inspector how excited they were about a forthcoming seasonal party that was being planned.

Another resident was seen to be engaged in daily household activities with a staff member, and appeared to be happily occupied. This person was being supported by staff in learning English, which wasn't their first language, and they were making clear progress.

Each resident had their own private room, and these were decorated as they chose, and had their personal possessions including photographs, toys and items used for their hobbies. Residents were all compatible with each other, and enjoyed spending time together and engaging in outings and social events together.

Staff had received training in human rights, and some had done additional training, such as in diversity and inclusion. They described the ways in which they were supporting residents to make their own decisions, for example the decision to buy scratch cards and lotto tickets, and to buy sweet treats or cigarettes, whilst ensuring that they were informed about the choices they were making. One of the residents was very clear that they understood the dangers of smoking, and that they were trying to use a vape instead, but for now was continuing to choose to smoke cigarettes.

One of the residents in particular had been supported to make their own decisions around a healthcare issues, and was clearly very proud of their autonomy in this regard, and was keen to tell the inspector about their decision making, and to point out that all the choices made were their own.

Staff explained how they had ensured that residents knew how to raise any issues, or to make a complaint. There were various examples of staff ensuring that information was available to residents, both in easy read formats, or via

explanations offered in terms they could understand.

Residents were supported to keep in contact with their families and friends, particularly where their families lived far away. Staff helped residents to have video calls with their families, and family visitors were made welcome.

Overall, it was clear that residents were enjoying a good quality of life with the support of a caring and knowledgeable staff team, and that they were a compatible group who enjoyed one another's company.

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

Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective both in relation to monitoring practices, and in quality improvement in various areas of care and support.

There was a competent staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of residents. Staff were appropriately supervised by a person in charge and a team leader.

There was a clear and transparent complaints procedure which was displayed in the centre, and was made available to residents in an accessible version. There were no current complaints, but there was a clearly defined process of responding to any issues that might be raised.

Regulation 15: Staffing

Both the staffing numbers and skills mix were appropriate to the number and assessed needs of the residents. A planned and actual roster were maintained in accordance with the regulations. There were plans to put in place additional staff members to support a resident who had a planned hospital admission to ensure support from a consistent and knowledgeable staff team.

Whilst staff files were not examined by the inspector on this occasion, confirmation was submitted from the human resources department of the provider that all the required information was in place for each staff member.

It was clear from both the rosters and from discussion with the person in charge

and the staff team that there was a consistent staff team on duty, which ensured continuity of care and support for residents. All staff engaged by the inspector were knowledgeable about the care and support needs of residents.

There were three staff members on a training course on the afternoon of the inspection, and whilst this was not in accordance with the assessed needs of residents, the person in charge and the person participating in management assured the inspector that this was an unusual occurrence, which was facilitated due to the nature of the training, which was tailored to meet the individual needs of one of the residents. Strategies had been put in place to minimise the effect on residents, and the inspector observed residents to be comfortable and occupied despite this. The inspector also found that this was an extraordinary occurrence, and was not regular in nature.

Judgment: Compliant

Regulation 16: Training and staff development

All mandatory training was up to date, and staff were in receipt of additional training regarding some of the particular assessed needs of residents. Staff had received training in relation to advocacy, and most of the staff team had received training in assisted decision making and in human rights.

Staff were supervised on a daily basis and a schedule of staff supervision conversations was in place. These supervision conversations took place regularly, and a record of their completion was maintained. Staff said that they found these supervision conversations supportive.

Judgment: Compliant

Regulation 19: Directory of residents

There was a directory of residents in place which included all the information required by the regulations, including information relating to residents who had recently moved out of the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this

structure and their reporting relationships.

An annual review of the care and support offered to residents had been completed as required, and this document was detailed and included the views of the resident and their family. The annual review had been made available to residents in an easy read format.

Six-monthly unannounced visits on behalf of the provider had been undertaken, and any identified actions from these processes were monitored until complete. There was a quality assurance team which had oversight of completion of any required actions, and a detailed system whereby actions were monitored, which included support to the local management team if required.

There was also evidence that staff were being well supported by the management team, and that there were support facilities available to them in relation to difficult circumstances given the serious nature of some of the healthcare issues that they were supporting residents with.

Communication with the staff team was structured and effective via a system of team meetings, a detailed handover system, and daily communication with all staff off including those off duty via email.

Whilst there were no current accident and incident reports, there was a clearly defined system of reporting and recording which was overseen by senior management.

Judgment: Compliant

Regulation 31: Notification of incidents

All required notifications had been submitted to the Chief Inspector in accordance with the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clearly defined complaints procedure which was available to residents in an easy read version.

There were no current complaints, however, a recent complaint from a resident had been clearly recorded, action had been taken to the satisfaction of the resident, and there was a record that they were happy with the outcome.

Judgment: Compliant

Regulation 4: Written policies and procedures

All the policies required under schedule 5 of the regulations were in place, and all were reviewed within a three year timeframe.

A sample of these policies was reviewed by the inspector, including the policies on the provision of intimate care to residents, on diet and nutrition, and on medication management.

These policies were evidence based and provided information and guidance to staff.

Judgment: Compliant

Quality and safety

Overall residents were supported to have a comfortable and meaningful life, and to have their needs met and their choices respected. There was a detailed system of personal planning which included all aspects of care and support for residents, and healthcare was effectively monitored and managed.

There were safe practices in most areas of medication management, although stock control of medications was not effectively managed.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, and there was effective risk management.

The rights of residents were upheld and respected, with an emphasis on supporting individual decision making.

Regulation 13: General welfare and development

Residents were enjoying a good quality of life, and had access to numerous activities, many of which were clearly increasing their independence.

One of the residents had recently become more independent in accessing a preferred activity, whereby staff observed from a distance to ensure safety whilst

supporting gradually increasing independence.

Others were making new choices about their activities, for example some residents had decided that they no longer wished to attend a day service, and were engaged in other activities that they preferred.

Resident's frequently enjoyed group events, such as local events, bingo and tidy towns. They also hosted occasional parties at their own home, or karaoke evenings which they all joined in, and a seasonal party was in the planning stages.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk register in place in which all identified risks were listed and risk rated. Each entry led to a risk assessment and management plan in which the control measures required to mitigate the identified risks were outlined. Risks individual to the resident had been identified, and a detailed risk assessment and management plan were in place. There was particular emphasis on the risk posed to residents in relation to autonomy and respecting rights.

Some of the risk assessments related to the unwise choices of residents, including the risk of smoking, which also considered and clearly outlined the risk to the resident of smoking cessation.

The risk register also included environmental and local risks, and there was an appropriate risk management policy in place.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre. All equipment had been maintained, and there was a clear record of checks available.

Regular fire drills had been undertaken which indicated that residents could be evacuated in a timely manner in the event of an emergency. There was a detailed personal evacuation plan in place for each resident, which had been regularly reviewed, and all of which presented evidence that residents would comply with an evacuation in an emergency. These plans included information on aspects of an evacuation that might cause a reluctance of particular residents to engage in the process, and the steps that should be taken to ensure their safety.

Staff had all received training in fire safety, and all had been involved in a fire drill. Their training included on-site training to ensure the safety of individual residents. Some of the residents could also describe what they would do in the event that an emergency evacuation was required.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was good practice for the most part in relation to the prescribing, dispensing and administration of medications. There was safe storage of medications, and the inspector observed practice of administration which was seen to be in accordance with best practice. Discussion with staff indicated a detailed knowledge of the medication of each resident, including the purpose of each in relation to the assessed needs of the resident.

Staff were in receipt of current training in the administration of medications, and this was an item regularly discussed at team meetings. Any recent errors in medication management, which related to documentation, were addressed and plans put in place to minimise any further errors.

However, the inspector found a discrepancy in the stock control of medications which were not dispensed in a blister pack. There was a recording sheet whereby staff were required to document reducing stock at the time of each administration, but not all of these corresponded to the actual stock in place. Where the amount of stock did not correlate to the documented and expected amount, it was unclear as to whether medication errors had occurred. There was no indication as to the date at which the error had occurred over the previous two weeks. The inspector was concerned that staff were reproducing the figures from the previous day rather than actually counting the amount of stock in place.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

There was a detailed personal plan in place for each resident, including a resident who had recently moved into the centre, based on an assessment of need for each resident.

There were sections in these personal plans on all aspects of daily life, and again, there was an emphasis on supporting the rights and choices of each. For example, there was a detailed plan in place to support the independence of a resident in relation to privacy in personal care. This plan included a way of pictorial

communication aimed at encouraging independence.

There were regular documented chats with each resident's keyworker, and a daily update was maintained in areas of concern or importance to each resident.

Goals were set for each resident, relating to maximising independence or increasing access to meaningful activities, and there were various examples of steps being taken towards meeting these goals.

Judgment: Compliant

Regulation 6: Health care

Healthcare was well managed, and there were care plans in place to guide staff in the provision of health care.

Where a resident had a recently diagnosed health issue, multiple interventions were in place to support them, not only with their physical health, but also with any associated emotional needs. As previously mentioned, residents were supported to have access to information to inform their own decisions about healthcare.

One of the residents explained to the inspector how they had arrived at their decision with the support of staff and the person in charge, who had attended each appointment with them and had ensured that they understood all the information presented to them

Residents had access to all the relevant members of the MDT, including a dietician, occupational therapist, and their mental health team. Modifications had been made to their living environment in advance of a forthcoming procedure, including hand rails on the stairs to their bedroom. Consideration was being given to a move to a ground floor bedroom, and the resident discussed this with the inspector, and was clear that the choice would be their own.

Judgment: Compliant

Regulation 7: Positive behavioural support

Only one of the residents had been identified as needing positive behaviour support. This resident had only recently moved into the centre, and there were various supports in place for them.

There was a team of behaviour support specialists available to them, and staff were engaged in monitoring and collecting data during their transition to inform any

behaviour support plan that might be required.

There were some restrictive interventions in place to support the resident during their period of assessment, and these were under constant review with a view to minimising any restrictions. There had already been a removal of one of the restrictions following observation and recording, so that it was clear that the least restrictive interventions needed to ensure their safety was in place.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were respected and upheld in this designated centre. There was an ethos of supporting autonomous decision making, and multiple examples where staff were supporting residents in this regard, as outlined in the first section of this report.

Residents were regularly consulted about the running of their home, and about the structuring of their time. There were weekly residents meetings, and the records of these meetings indicated that they were meaningful, and all residents were involved in the discussions.

Easy read information was readily available to resident, and in various different formats in accordance with their individual needs, and residents were being helped to learn new ways of communicating.

Residents spoke about making their own decisions in various aspects of their lives, including for example the choice to have the key to their own rooms.

Overall, residents had a meaningful and comfortable life, and received the supports the required from a consistent and informed staff team.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Gainevale House OSV-0008063

Inspection ID: MON-0034090

Date of inspection: 06/10/2023

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 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>To demonstrate that the designated Centre is in line with Regulation 29: Medicines and pharmaceutical services, the PIC will take the following actions to ensure the records pertaining to medication is maintained accurately.</p> <ol style="list-style-type: none">1) PIC to complete training on record keeping relating to medication administration and storage at the Centre team meeting. (30/11/2023)2) PIC or their Shift Lead Manager will complete a daily check on non-blister pack counts to ensure that they are accurate and reflect the stock levels. (Complete)3) PIC will conduct a weekly review of medication records to confirm that they have been completed accurately (10/11/2023)	

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 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	30/11/2023