



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

Issued by the Chief Inspector

Name of designated centre:	Beacon Hill
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Westmeath
Type of inspection:	Unannounced
Date of inspection:	25 August 2023
Centre ID:	OSV-0008087
Fieldwork ID:	MON-0037701

About the designated centre

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

This is a service operated by Nua Healthcare, providing residential care and support to up to three 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 waking night staff. The person in charge is supported by two team leaders. The centre is a large detached house on its own grounds. There is one resident bedroom in the main house, and two self-contained apartments attached, each with enclosed garden areas. There is a spacious and functional communal outside area with parking for multiple vehicles.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

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 25 August 2023	10:30hrs to 16:00hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection, conducted in order to monitor on-going compliance with regulations and standards. On arrival at the designated centre, the inspector observed two residents enjoying time in the kitchen and dining area, one at the table and the other at the kitchen island. Both were being supported by staff members, and the inspector observed positive interactions between staff and residents, including a range of non-verbal communications that clearly indicated that staff were a welcome presence and that residents had a positive relationship with staff members.

One of the residents had moved to the centre in recent months, and had settled in well with the continual involvement of family members. During their time in their new home they had been supported to increase their access to community activities, and to now have a range of activities including outings to restaurants, attendance at shows and trips to nearby attractions.

One of the residents invited the inspector into their private apartment, and showed their bedroom, bathroom and garden area. Staff who were familiar to the resident accompanied the inspector on this visit to their personal space to ensure that the resident remained comfortable, and the visit, whilst brief, showed the inspector that the apartment was person centred, and decorated and fitted out in accordance with the preferences of the resident. The resident was supported to make their own sandwiches and snacks in their apartment, and had various items that were meaningful to them.

This resident, while having their own apartment, also had full access to the communal areas of the house, so that they had the option to enjoy the company of others when they chose, or to have time in their own apartment as they preferred.

Staff had been in receipt of training in relation to human rights, and the rights of residents were regularly discussed at handovers and key-working conversations with each person. Staff spoke about the ways in which residents were supported to make choices and decisions. Examples of staff supporting the choices of residents included the support of residents to change their minds about activities, for example, where a resident had indicated that they no longer wished to engage in a particular activity, this was supported and alternatives were introduced.

Staff discussed the importance of respecting the choices of residents with the inspector, and described various communication strategies in use with people who did not communicate verbally, and in particular, described their in-depth knowledge of the way in which people communicate. For example, a resident who used pictorial representations of choices had been identified as always picking the last option presented, so staff had devised a method of offering choices in various ways, and changing the order of options presented to better establish an actual choice.

There were various examples whereby residents were supported to have their needs met, for example, where a resident was reluctant to engage in everyday activities due to anxiety, strategies had been put in place and consistently implemented over a period of time until the resident, after several months, was now participating in outings and events and enjoying these activities.

Others were observed to be enjoying preferred items of a sensory nature, and to enjoy play activities. All residents had chosen their own personal items in their own rooms, and were supported in multiple ways to make choices in their daily lives.

Overall residents were supported to have a comfortable and meaningful life, with an emphasis on supporting choice and preferences, and in maintaining independence.

The next two sections of the report outline 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 residents lives.

Capacity and capability

There was a clearly defined management structure in place, and various monitoring strategies were employed.

There was an appropriately qualified and experienced person in charge and lines of accountability were clear.

There was knowledgeable and caring staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of residents, and of upholding the rights of residents.

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 14: Persons in charge

The person in charge was appropriately skilled and experienced, and was involved in the oversight of the centre, and in quality improvement of care and support offered to residents.

Judgment: Compliant

Regulation 15: Staffing

There was a high level of staffing numbers in place in accordance with the assessed needs of residents. A planned and actual staffing roster was maintained as required by the regulations.

All staff engaged by the inspector were knowledgeable about the needs of residents, and observations of the inspector indicated that the guidance in personal plans and positive behaviour support plans was implemented.

Judgment: Compliant

Regulation 16: Training and staff development

All mandatory training was up-to-date, and additional training had been undertaken by staff relating to the specific needs of residents. This included on-site training so that staff were well prepared to respond to the needs of residents. This on-site training, which all staff members had undertaken, included training in relation to the individual positive behaviour support needs for each resident.

Regular supervision conversations were held with staff, and there was constant supervision on a daily basis. Clinical supervision and group supervision was also in place, and resilience training was available to staff.

The inspector spoke to several staff members, and found that they were knowledgeable about the support needs of residents, and could describe in detail the various and individual ways in which they ensured that the needs of all residents were met. For example, a hand massage had been found to support a resident in reducing the occurrence of self-injurious behaviour. For others, the implementation of behaviour support plans had been found to be effective, as further discussed under regulation 7.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was maintained, and included all the information required by the regulations.

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.

Various monitoring and oversight systems were in place. Six-monthly unannounced visits on behalf of the provider had taken place, and an annual review of the care and support of residents had been prepared in accordance with the regulations. This review included information on the views of residents and their families. Both of these process identified required actions and expected timeframes, and these required actions were monitored until complete. The inspector found that these related to quality improvement rather than any shortfalls in the delivery of care and support offered to residents, and this was consistent with the findings of this inspection.

There was a regular review of any accidents and incidents, and clearly documented responses to incidents which identified any required actions to reduce the possibility of recurrence. There was reference to associated risk assessments, and an indication as to whether the risk management plan required review.

There were various audits undertaken in the centre and any required actions were identified. The inspector saw that these actions were minor in nature, and related to small errors in documentation rather than actions required to ensure the quality of care and support, which again was consistent with the findings of this inspection.

Monthly staff meetings were held, and a record was kept of the discussions which included issues relating to individual residents such as progress towards goals, healthcare and risk, together with required actions identified through the monitoring processes. There was also shared learning at these meetings, such as relevant information from any incidents, and updated information about effective communication with residents.

A system of detailed staff handover between shifts was in place, and any new information remained on the handover document until all staff had been on duty and made aware of any updates.

The centre was well resourced, for example there was a vehicle available for the sole use of each resident so that there were no restriction on activities, and no dependence on the choices of others. There were sufficient staff on duty at all times to support each person's choice.

Judgment: Compliant

Regulation 31: Notification of incidents

All the required notifications had been submitted to the Chief Inspector as required.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure available to residents and their friends and families. The procedure had been made available in an easy read version.

Any complaints were documented and noted in each residents' personal record. Discussion around any complaints or compliments was a standing item at staff meetings.

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 was a detailed personal planning system which included detailed information about the support needs of residents in all aspects of daily life, including the management of any behaviours of concern.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire.

Risk management appropriate, and all identified risks had been mitigated through detailed risk management plans, and was clear that all efforts were in place to ensure the safety and comfort of residents.

Regulation 10: Communication

As discussed under regulation 7 of this report, there were clear communication strategies in place for each resident, which supported them to manage any behaviours of concern. These strategies included recognition of the ways in which people communicate, all of which were described in detail, including gestures and

other non-verbal ways of communicating.

Each resident had a communications passport which detailed effective communication for each person. The inspector observed staff to be adhering to the guidance in these plans in ways that were clearly individual to residents. Some people had communication boards which supported them to communicate choice, requests, and to indicate their current emotions. Others had ways of indicating when they needed time alone, and ways to call staff when they required support or company.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to have a meaningful day in the ways that were individual to them. There were clear and detailed activity planners for each person, and the inspector observed the planned activities being supported, both in terms of outings, and in relation to activities in the home or garden.

Residents had been supported to maximise their opportunities in imaginative ways, for example a resident who had been reluctant to leave home for a considerable length of time was now beginning to enjoy short excursions.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported both to make choices about meals and snacks, and also to have access to appropriate healthcare in relation to dietary requirements. A resident with particular personal requirements had their own separate fridge and freezer in which to store their preferred options separately from the food of others.

Residents had access to a dietician where required, and their recommendations were regularly reviewed, and supported by the staff team. Each person made individual choices about the timing of their meals and snacks and their preferred items.

Food was safely stored, with the temperature of fridges and freezers being regularly taken. Both healthy snacks and treats were readily available.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a current risk management policy which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to residents.

Risks were appropriately risk rated, and there was a detailed risk management plan in place for each. These plans included clear guidance, and made reference to the need for any restrictive interventions to mitigate the identified risks, and where necessary were based on the detailed behaviour support assessments and management plans. The plans were appropriately risk rated, and outlined control measures that were required to mitigate the risks

There was a clear system whereby risks could be escalated, and therefore overseen by senior management.

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 current fire safety certificate. Regular fire drills had been undertaken, and each resident had been involved in a fire drill. The records of fire drills included information as to how each resident responded to the drill.

There was an up-to-date personal evacuation plan in place for each resident, giving clear guidance as to how they would respond in the event of an emergency and how staff should respond to ensure their safety.

Staff were all in receipt of fire safety training, including on-site training on an annual basis. Staff could describe the actions they would take in the event of an emergency. In addition, regular 'keyworker discussions' held with residents included conversations about fire safety.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a detailed person centred plan in place for each resident which had been regularly reviewed and which was based on an assessment of needs. These plans included detailed guidance for staff in various aspect of care and support, including

healthcare needs, positive behaviour support, communication and social care needs.

Where residents had complicated personal needs and preferences, these were outlined in these personal plans, and all staff were knowledgeable about the information in these plans. They included information about preferred activities, sensory needs and communication strategies.

Goals had been set by residents and their keyworkers, and these goals were relevant to the preferences and abilities of residents, and there was evidence of steps being taken with the support of staff to meet some of these goals. These goals were under constant review, and where they were currently inappropriate due to the presentation of residents, they were put on hold for a while. These decisions were made in conjunction with members of the multi-disciplinary team (MDT), to be revisited following other interventions.

Judgment: Compliant

Regulation 6: Health care

Healthcare was well managed, and there was evidence of appropriate and timely response to changing needs. The person centred plans included guidance and information in relation to all healthcare needs, and residents had timely access to appropriate members of the MDT.

There was clear information in the plans in relation to any required interventions, and staff were knowledgeable about the support requirements of all residents.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required positive behaviour support there detailed behaviour support plans in sufficient detail as to guide staff in any required interventions. There was a 'traffic light' system in place which gave clear information to staff as to how to proceed under any given set of circumstances. Staff were familiar with the content of these plans, and could describe to the inspector the steps that they would take to safely manage any incidents, and also how to minimise the probability of any incidents of concern.

These strategies included ensuring clear communication with residents, and adhering to a structured routine for some people. There were examples of these strategies having improved outcomes for residents, including an improved access to the community, and a safe management of accessing preferred activities.

There were detailed positive behaviour support plans in place for some residents which utilised well-established meaningful strategies, and each plan was based on a detailed assessment of needs and was individual to each person.

There was a structured process of oversight of any restrictive practices, and evidence that there was an ethos of ensuring that only the least restrictive practices necessary to mitigate the identified risks were in place. A restrictive practices meeting was regularly held at which all restrictions in the designated centre were monitored and overseen. Each restriction was discussed and reviewed at these meetings, and it was clear that there was a reduction in restrictions as a result of this oversight.

Judgment: Compliant

Regulation 9: Residents' rights

There was a clear ethos in this designated centre of supporting the rights of each resident. There were multiple examples, as previously outlined in this report, whereby outcomes had improved for residents, and staff were supporting them to maximise their potential, both in learning new skills, and having meaningful activities.

The individual communication needs of residents were supported, and their right to be involved in the day-to-day operation of their home was facilitated.

There were clear ways of communicating with residents, both individually and as a group. There was a 'service users' forum' held each week, at which residents could discuss the daily running of their home. Various ways of ensuring that each resident's voice was heard were in place, including communication strategies such as pictorial representations of choices available to them. Residents chose activities that they wished to engage in, both as a group and individually.

Overall it was evident that respecting the rights of residents was given high priority, and that the choices being supported was improving outcomes for residents.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	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 9: Residents' rights	Compliant