

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	A designated centre for people with disabilities operated by Nua Healthcare Services
<b>Centre ID:</b>	OSV-0003392
<b>Centre county:</b>	Kildare
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Nua Healthcare Services
<b>Provider Nominee:</b>	Noel Dunne
<b>Lead inspector:</b>	Gary Kiernan
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	4
<b>Number of vacancies on the date of inspection:</b>	0

## **About monitoring of compliance**

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

**Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
18 March 2015 10:45	18 March 2015 19:30
19 March 2015 11:00	19 March 2015 14:00

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This monitoring inspection of a designated centre operated by Nua Healthcare Services was carried out in response to an application from the provider to register the centre. As part of the inspection, the inspector visited the centre and met with residents and the staff members. The inspector observed practices and reviewed documentation such as personal plans, medical records and accident and incident records.

Four residents live in this designated centre which was provided from a large, single storey house, on large grounds in a quiet rural setting in County Kildare. Although in

a rural setting, the house was easily accessible by car to number of town centres and all associated amenities.

The inspector found that residents received a high standard of care and support. There was evidence of a high level of compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 and this was reflected in a number of positive outcomes for residents. Residents interacted with the inspector throughout the inspection and gave positive feedback regarding their lives in the centre and the support provided to them.

There was a clearly defined system of governance and management. The requirements for the post of person in charge were met. There was evidence of good oversight of the service and systems in place to monitor the quality and safety of care. Responsive systems were in place to respond to residents' needs and to support residents to maintain good health and achieve their individual developmental goals.

Residents were consulted about their care needs and had a say in the operation of the centre. There was an effective system of individualised assessment and care planning to meet residents care needs. There were good links with the behavioural support team and person centred behavioural support plans were developed and implemented where needed. However, some improvement was required with regard to the systems and documentation in place for the administration of PRN "as required" medications.

Systems and procedures were in place to promote the health and safety of residents, staff and visitors. Satisfactory risk management and fire safety procedures were in place. Appropriate provisions were in place for the protection and safeguarding of residents against the risk of abuse.

These matters are discussed further in the report and in the action plan at the end of the report.

**Section 41(1)(c) of the Health Act 2007. Compliance 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.**

**Outcome 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Effective systems were in place for consulting with residents and residents had a say in the running and operation of the centre.

Residents' had weekly "Service Users Forum" meetings. A record of these meetings was maintained. The inspector read a sample of the minutes and found that they were used to consult about routines, menus and any changes such as new resident coming to live in the house. Residents' views were listened to and where issues were raised an action plan was drawn up. Residents told the inspector that staff respected their wishes and supported them in their preferred weekly routines. The inspector observed the staff and residents communicating freely and openly with staff on both days of inspection. Staffing and work routines were provided to fit around the individual routines of the four residents.

There was a system in place for receiving and responding to complaints. The complaints process was displayed for the residents on a notice board in the centre and residents told the inspector that they could communicate a complaint to staff at any time. The inspector read a copy of recent complaint and found that it was promptly responded to and addressed to the satisfaction of the complainant.

An independent advocacy service was available in accordance with the requirements of the Regulations. The name and contact details of an independent advocate were displayed in the centre explaining to residents how they could access this service as they needed. All residents were provided with an information folder concerning their rights and how to make complaints and access an advocate.

Residents' religious beliefs were respected and promoted. The personal plans documented residents' preferences with regard to this area of their lives and were supported as appropriate.

**Judgment:**  
Compliant

**Outcome 02: Communication**

*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**  
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
Residents in the centre were supported to communicate. Staff responded to each resident in a personalised way in accordance with their needs.

Residents' communication needs were assessed and a detailed communication guide had been drawn up for each resident. Some residents used pictorial charts to express preferences and plan their daily routine and one of the residents showed this system to the inspector using charts and pictures which were located in the resident's bedroom. There was access to the speech and language therapist (SALT) as required. The inspector read the notes of recent visit to the SALT and found that staff were very aware of the recommendations of the SALT and arrangements were in place to ensure that these recommendations were followed. Easy to read versions of documents such as residents' guide were in place and were available in a communication folder held in each resident's bedroom.

Residents had access to television, radio, social media and internet.

**Judgment:**  
Compliant

**Outcome 03: Family and personal relationships and links with the community**

*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**  
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**

Residents were supported to develop and maintain positive personal relationships with their family members and links with the wider community.

Residents stated that their friends and families were welcome in the centre and were free to visit. Families were encouraged to participate in the lives of the residents and the inspector saw that they were regularly consulted and kept up to date. Residents were also supported to maintain telephone contact with their families in accordance with their wishes. All contact with family members was documented through the use of a family contact record which was used to ensure that families were kept up to date and informed. Residents were supported to visit their families and this included making plans for some residents to go abroad in order to see family and friends.

Residents had developed relationships and links with the community through their day service activities. Residents attended sporting events such as special Olympics, discos and musical events and told the inspector how much they enjoyed going for outings and going out for coffee.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

*Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The admissions process was appropriately managed. Written agreements dealing with the service to be provided to residents were in place.

There had been a recent admission to the centre. The inspector found that the admissions process was being appropriately managed. An assessment and information gathering process had been carried out prior to the resident's admission and this information had been used in order to help the resident transition smoothly into the centre. The minutes of the weekly service user forum showed that there had been consultation with the existing residents regarding the admission of the new resident. The person in charge was fully aware of the need to manage any future admissions having regard to the needs and safety of the individual and the needs of the existing residents in the centre.

Each resident had a signed written agreement in place dealing with the service to be

provided to the resident in accordance with the requirements of the Regulations. An easy to read version of the contract had been provided in order to enable residents to understand the contents of this document. The contract described the service which residents could expect to receive.

**Judgment:**  
Compliant

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**  
Effective Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector found that residents' wellbeing and welfare was promoted through a high standard of evidence based care and support.

The arrangements to meet each resident's assessed needs were set out in a personal plan which had been developed in consultation with the resident and relevant key workers and family members. The inspector found personal plans were developed to a high standard and were focussed on improving the quality of residents' lives. Residents' individual goals and aspirations were clearly identified and the personal plans were regularly reviewed and target dates for actions to be completed were set and adhered to. The personal plans which had been developed were person centred and were based on multi-disciplinary assessment carried out in accordance with the requirements of the Regulations. There was multi-disciplinary input in the care of residents as provided by nursing staff, social care workers, the psychologist, the psychiatrist and the behavioural support therapist as required.

There were systems in place to ensure that residents' plans were fully implemented. Quarterly reviews were carried out. These were multi-disciplinary and involved the resident. In addition to this a monthly action plan was generated in order to ensure that steps were taken each month to ensure progress towards meeting residents goals. Timeframes and persons responsible were clearly documented for each action and the person in charge had systems in place to oversee this process and ensure that actions were completed. The inspector found that this system helped to progress and realise residents' health and social care needs.

Residents' personal plans identified health and social care needs and provided detailed guidance on how to meet these needs. All care plans were based on detailed assessments and the plans were updated in response to any changes in the resident's condition. Resident's files contained information relating to areas such as personal risk assessments, individual emergency evacuation plans and information about family contacts and relationships.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The premises met the needs of the residents who were living in the centre at the time of inspection. The centre was homely, comfortable and decorated in accordance with the residents' preferences.

The centre was located in a picturesque rural setting which provided for a peaceful environment in accordance with the needs and preferences of the residents. The premises consisted of a large, detached bungalow set on a large site with well-maintained fenced gardens to the front and rear. Residents used the garden for barbecues and sitting out in the fine weather. Garden furniture was provided. Some of the residents were interested in gardening and enjoyed some gardening activities.

All bedrooms were provided with full en suite facilities including toilet, wash hand basin and shower. A kitchen-diner, utility area and two separate sitting rooms were provided. In addition to the en suite facilities the main bathroom contained a bath to provide for any resident who preferred a bath over a shower. The rooms were of a suitable size and layout to meet the needs of the residents and there was ample communal and private space.

The inspector found that bedrooms were comfortably furnished and decorated in accordance with residents' preferences. Residents were encouraged to personalise their rooms with their own furniture, pictures and personal belongings. The kitchen provided enough space for the residents to prepare meals and satisfactory equipment was provided.

**Judgment:**

Compliant

**Outcome 07: Health and Safety and Risk Management**

*The health and safety of residents, visitors and staff is promoted and protected.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

There were systems in place to promote and protect the health and safety of residents, visitors and staff. The centre's risk management policy provided guidance in this area.

The inspector found that systems were in place for the prevention and detection of fire. Fire drills were carried out and staff told the inspector that they were used as opportunities for learning or both staff and residents. The inspector read a record of a recent fire drill and found evidence of good practice including corrective action to provide skills training for a resident who did not respond to the fire alarm. The inspector also read that this matter had been referred to the organisation's health and safety officer for further advice. Residents described to the inspector how they would leave the centre if they heard the fire alarm. Fire orders were displayed and outlined the fire procedure to be followed in an emergency. The inspector reviewed the maintenance and servicing records for the detection, alarm and fire equipment and found that they were in order. Fire safety training had been provided to all staff who attended the centre. All staff spoken to by the inspector were familiar with fire safety procedures in the centre. This was an action from the previous inspection and it was found to have been addressed.

A detailed risk management plan was drawn up for each resident based on assessments and knowledge of the residents. There were arrangements in place for investigating and learning from accidents and incidents. The inspector read a number of accident and incident records which were maintained. Incidents were reported in detail, the corrective action was documented and all records were signed off by the person in charge and forwarded to the regional management team for review. The minutes of a regional health and safety meeting showed that all accidents and incidents were routinely reviewed and monitored by the health and safety officer and area managers in order to identify any further corrective actions which were necessary.

There was also an emergency plan which guided staff regarding incidents which might require evacuation and safe alternative accommodation.

**Judgment:**

Compliant

**Outcome 08: Safeguarding and Safety**

*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The provider had put systems in place to promote the safeguarding of residents and protect them from the risk of abuse. Some improvement was required with regard to the documentation in place for PRN "as required" psychotropic medication.

There was a policy on the protection of vulnerable adults in place. Staff members spoken to by the inspector were knowledgeable regarding the contents of this policy. All staff who attended the centre had received training in the protection of vulnerable adults and the person in charge had a system in place to ensure that this training was up to date and provided to all new staff. Residents stated that they felt safe and secure in the centre and knew what to do if they ever felt they had been mistreated. Residents told the inspector they could confide in the staff if they had concerns or issues which troubled them.

The inspector observed staff interacting with residents in a respectful, warm and caring manner and all communicated with ease. Staff had been provided with training in the management of behaviours that challenge and there were systems in place for the management of these behaviours if they arose. Residents had access to appropriate allied health professionals such as the psychiatrist or members of the behavioural support team in the event that they needed this. The inspector read a positive behaviour support plan which had been drawn up in order to support a resident. The inspector found that staff were familiar with it and adhered to the recommendations contained in it.

A restraint free environment was promoted and no forms of physical or environmental restraint were in use. Staff members told the inspector that PRN "as required" psychotropic medications could only be used under strictly controlled circumstances and only after a range of alternatives had been tried in accordance with a PRN protocol. All uses of these medications were reported to the clinical team on a weekly basis and they were also notified to the psychiatrist. The medical records showed that all of these medications were regularly reviewed by the psychiatrist. However, the documentation which was in place did not demonstrate that these medications had been administered in line with the requirements of the Regulations. For example, it was not demonstrated

that psychotropic medications were administered as a last resort and after relevant alternatives had been tried. Subsequent to the inspection the PIC developed updated documentation templates to support improved practice in this area.

Systems were in place to protect residents from financial abuse and to promote financial independence of the residents. Some residents had their own bank accounts and managed their money independently or with support. In the case of residents who required assistance there was a clear and accountable system for checking transactions which were made on behalf of residents. Receipts were maintained and staff members signed where transactions were made on behalf of residents. Audit systems were in place to check that this system was working to protect residents.

**Judgment:**

Non Compliant - Moderate

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Practice in relation to notifications of incidents was satisfactory. The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date all relevant incidents had been notified to the Chief Inspector by the person in charge.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Systems and practices were in place to promote residents' quality of life and this

included opportunities for new experiences, social participation, education and employment.

Residents described to the inspector how they were saving money to go on holidays. Two vehicles were provided for the use of residents and they were used for regular outings and going to events. Residents' interests in areas such as bird watching and cars were supported with one resident planning to purchase a car and keep it at the centre. Residents attended various day services which suited their interests best and staff were provided to facilitate any travel required.

Residents had a schedule of activities each week with some residents preferring to leave the centre for limited periods only. The inspector saw that arrangements were being put in place to facilitate and encourage meaningful social participation and the steps towards achieving this were set out in the personal plans. A record of each resident's participation in activities was maintained and was reviewed by the inspector. Regular shopping trips and visits to local restaurants and coffee shops were also important to the residents.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

Residents received good support to achieve and maintain health.

There was good access to the general practitioner (GP) and allied health professionals. A member of the staff team was a qualified nurse and carried out regular health assessments. The inspector reviewed the appointment record for some residents and observed that they were regularly seen by their GP. An out of hours service was also available. There was good access to the allied health professionals such as the dentist, optician, psychologist and speech and language therapist (SALT) as required.

Residents healthcare needs were assessed by the staff using a health screening tool which evaluated areas such as nutrition, dental care and skincare. Care plans were in place to address the health care needs of the residents. Instructions from the GP and any medical professionals were clearly described.

Changes in residents' condition or health care needs were documented and care plans were drawn up. Staff supported residents to maintain good health by following these

care plans and ensuring that residents were supported to attend their various healthcare assessments. The outcome of each appointment was clearly documented.

Measures were in place to meet residents' food and nutritional needs. Residents had access to a dietician as needed. Residents told the inspector that they were involved in planning the shopping list, buying groceries and preparing meals and the inspector observed this taking place on the day of inspection. The inspector found that residents were informed about the importance of healthy eating and were supported to make healthy eating choices where appropriate. Mealtimes were flexible and fitted around resident's social and work life. Residents stated that they were happy with the food which was prepared in the centre and it included treats such as occasional takeaways and baked goods which were prepared by the residents.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspector was satisfied that each resident was protected by the designated centres' policies and procedures for medication management.

Having reviewed prescription and administration records, procedures for the storage of medication, the inspector was satisfied that appropriate medication management practices were in place guided by the centre's policy. Staff had received training and monthly audits were conducted to ensure compliance with the centre's policy and any discrepancies were rectified immediately. Written evidence was available that regular reviews of residents' prescriptions was carried out. The inspector reviewed the records of a medication error and found evidence of good practice which included thorough follow up by the person in charge. Action was taken to prevent reoccurrence.

Staff in this centred administered medication in pairs in order to provide for additional supervision and reduce the potential for errors and the inspector found that this was an example of good practice.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

*There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There was a statement of purpose in place in accordance with the requirements of the Regulations.

The inspector read the statement of purpose and found that it had been maintained up-to-date and described the centre and the service provided. It reflected services and facilities provided and described the aims, objectives and ethos of the service. The person in charge was aware of the need to keep the statement of purpose under review.

**Judgment:**

Compliant

**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**

Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

There was a management structure in place which supported the delivery of safe care and services.

The inspector found that the arrangement for the post of person in charge was fully met. The person in charge was a registered nurse and maintained oversight of the service and during both days of inspection he demonstrated that he knew and understood the needs of each of the residents. He was the person in charge for one other designated centre and worked along closely along side the team leader in the

centre in order to ensure that centre operated efficiently on a daily basis. Members of the operational management team deputised in the absence of the person in charge and an on-call arrangement was in place for out of hours emergencies. The person in charge had the required experience and demonstrated understanding of his roles and responsibilities under the Regulations. He had engaged in continual professional development training in areas such as behaviours that challenge and medication management.

The provider had established a clear management structure, and the roles of managers and staff were clearly set out and understood. Residents knew who was in charge of the service. A documented system of continued performance development was in place. The person in charge stated that this system was operating effectively and provided a framework for identifying training needs.

There were systems in place for monitoring the quality and safety of care. The Director of Services and the Director of Operations oversaw audit systems to ensure compliance with the Regulations. A working group had been established and a gap analysis completed to benchmark the service against the Regulations and the Standards. A computerised auditing system had been introduced and there was an auditor employed by the provider as part of their quality assurance programme. A structured plan was in place to audit each centre within the company against the Regulations on a quarterly basis while also undertaking the annual review of services. Announced and unannounced audits were carried out.

The inspector was shown a number of audits which were carried out in areas such as medication management, hygiene and residents' documentation. The inspector found that an action plan was drawn up and promptly addressed in the case of any non conformances which were identified.

**Judgment:**  
Compliant

**Outcome 15: Absence of the person in charge**

*The Chief Inspector is notified of the proposed absence of the person in charge from the designated centre and the arrangements in place for the management of the designated centre during his/her absence.*

**Theme:**  
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The provider was aware of the requirement to notify the Chief Inspector of any proposed absence of the person in charge for a period of more than 28 days. The provider had appropriate contingency plans in place to manage any such absence.

<b>Judgment:</b> Compliant

<b>Outcome 16: Use of Resources</b> <i>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</i>
<b>Theme:</b> Use of Resources
<b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.
<b>Findings:</b> The inspector found that sufficient resources were provided to meet the needs of residents.  The centre was maintained to a good standard inside and out and had a fully equipped kitchens and laundry areas. Equipment and furniture was provided in accordance with residents' wishes. Maintenance requests were dealt with promptly. The person in charge had the Authority to authorise additional staff hours as required. The inspector noted that additional staff had recently been provided in response to the changing needs of one of the residents. Two transport vehicles were provided and residents told the inspector that transport was always available to them when needed.
<b>Judgment:</b> Compliant

<b>Outcome 17: Workforce</b> <i>There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.</i>
<b>Theme:</b> Responsive Workforce
<b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.
<b>Findings:</b> The number and skill mix of staff was appropriate to the assessed needs of the residents.

The inspector reviewed the staff rosters and spoke to residents concerning staffing and found that staffing arrangements were based on the needs of the residents and were sufficient to support and enable residents in their daily routines. The roster was flexible and changes were made on an ongoing basis in order to facilitate the varying schedules of all the residents.

Records were maintained of staff training. These records showed that there was ongoing training in a range of areas such as first aid, medication management, behaviours that challenge and food safety. Staff members told the inspector that the person in charge was very supportive of any relevant training which they wished to pursue. The staff members interacted with residents in an informed, caring and professional manner throughout the inspection.

There were also regular meetings with the staff with regard to the management of the centre. The inspector noted that copies of the regulations and the standards were available to residents and staff at the time of inspection and training had been provided on the contents of these documents.

Effective recruitment and vetting procedures were in place. The inspector reviewed a sample of staff files during a number of inspections previously carried out on centres operated by the Nua and found that appropriate procedures and documentation were in place. There was also an audit and checking system in place to promote continual compliance in this area. No volunteers were attending the centre at the time of inspection.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Records and documentation were securely stored and the required policies were in place.

The inspector read the residents' guide and found that it provided detail in relation to all of the required areas. This document described the terms and conditions in respect of the accommodation provided and provided a summary of the complaints procedure.

Written operational policies were in place to inform practice and provide guidance to staff. The inspector found that staff members were sufficiently knowledgeable regarding these operational policies. The inspector found that medical records and other records, relating to residents and staff, were maintained in a secure manner. The directory of residents was maintained up-to-date. Evidence of appropriate insurance cover was in place.

**Judgment:**

Compliant

**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

***Report Compiled by:***

Gary Kiernan  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Nua Healthcare Services
<b>Centre ID:</b>	OSV-0003392
<b>Date of Inspection:</b>	18 March 2015
<b>Date of response:</b>	13 May 2015

### Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

### Outcome 08: Safeguarding and Safety

**Theme:** Safe Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**

It was not demonstrated that PRN psychotropic medication was administered in line with best practice principles and in line with national policy.

**Action Required:**

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures

<sup>1</sup> The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

**Please state the actions you have taken or are planning to take:**

The policy regarding the administration and recording of PRN medication was reviewed and updated, allowing for a clearer documentation of the reason and rationale for administering psychotropic medication. A new recording sheet, allowing easier review of the steps taken to administer medication used on a PRN basis was implemented within the centre.

**Proposed Timescale:** 20/03/2015