Health Information and Quality Authority
Regulation Directorate

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

Health Information and Quality Authority
An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Centre name:	A designated centre for people with disabilities operated by Nua Healthcare Services
Centre ID:	OSV-0004261
Centre county:	Tipperary
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare Services
Provider Nominee:	Noel Dunne
Lead inspector:	Tom Flanagan
Support inspector(s):	Susan Geary
Type of inspection	Unannounced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	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 monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From:	To:
29 October 2015 09:20	29 October 2015 17:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 10. General Welfare and Development
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was the fourth inspection of the centre carried out by the Authority. It was unannounced and it took place over one day. The centre, according to its statement of purpose, provided long-term medium support residential care for up to four children between the ages of 12 and 17 years with intellectual disability and/or autism but a number of the current residents had high support needs.

The main purpose of this inspection was to follow up on actions the provider committed to undertake following the previous inspection. Inspectors met with the new team leader and with three members of staff. They also met briefly with three of the children. Inspectors also observed practices and reviewed a sample of records including children's daily logs, incident reports, medication records, policies and procedures and minutes of meetings. Following the inspection, inspectors spoke by telephone to parents of each of the children and to the social worker of one child.

Inspectors found that the improvements that were evident at the time of the previous inspection had been maintained. There were fewer incidents than previously. Increased staffing and resources had a more stabilising effect on the children. The provider had put in place a large shed which functioned as a sensory room and this provided a number of children with an alternative location at times. A range of equipment had been provided in this sensory room and inspectors observed that it was used and enjoyed by some of the children. The new school year had

begun and three of the children were attending school with one child receiving home tuition. There was a new team leader, who was the person in charge, and a new regional manager since the previous inspection but there was continuity in how the centre was managed.

Inspectors found that two of the six actions from the previous inspection had been completed in a satisfactory way. Further improvements were required in relation to room searches and personal searches, complaints, advocacy, the recording and review of restrictive practices and governance. Some improvements in the areas of infection control and supervision of staff, which had not been identified during the previous inspection, were also required following this inspection.

The improvements required in order to achieve compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are set out in the Action Plan at the end of this 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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
A policy and procedures on environmental/personal search had been developed since the previous inspection but this did not provide adequate guidance for staff and it required improvement. The complaints log did not contain sufficient information about complaints. Not every child had an independent advocate.

The policy on environmental/personal search stated that each child would have a standard operating procedure, if relevant, in relation to searches of their person or of their room. If a search was carried out this was to be followed by a keywork session with the child. The search would also be recorded in a newly-developed log and the issue of searches would be discussed at team meetings. Inspectors reviewed the standard operating procedure and found that it did not provide sufficient guidance for staff in relation to which staff were to carry out searches, when they should do this and how they should do it. There was also insufficient guidance in relation to explaining these searches to the child and recording this. Inspectors viewed the log of searches and found that the reasons the searches were carried out were not included. The use of a metal detector for carrying out personal searches was being considered at the time of inspection. However, there was no guidance for staff in relation to its use. The team leader told inspectors that all staff would have training on this when it was introduced. However, the timeline for when this would be introduced was not clear.

Improvements had been made since the previous inspection with regard to the complaints process. Two complaints had been received from parents in that time and both complaints were in the process of being investigated. However, the team leader told inspectors that the complaints were not logged in the centre when they were

received. Instead they were sent to the complaints officer in the organisation's head office and they were not logged in the centre until they were closed. This meant that the team leader, who was the person in charge, was not aware of how the complaint was being investigated and the complaints log was not up-to-date in relation to complaints received.

While one of the children had an independent advocate and there was information available on advocacy services, three of the children did not have independent advocates. While key workers did advocate for the children, the parents of three children were the main advocates for three children apart from centre staff. However, inspectors found that parents did not always have full information on the wellbeing of their children. For example, the team leader told inspectors that parents were not informed of all incidents involving their children. She told inspectors that parents did attend regular reviews and were contacted following serious incidents but that the policy on accidents and incidents did not provide guidance to staff on contacting parents following an incident. Instead, reports were sent to head office and head office staff decided if parents should be contacted. Some parents told inspectors that they received little information from staff on an ongoing basis and had to ask for information instead. The policy on access to information promoted open access to information by service users and inspectors found that more could be done to ensure that each child had an independent advocate and that their parents were fully informed where appropriate.

Judgment:
Non Compliant - Moderate

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:
Inspectors noted that two of the children had taken part in a number of events in the community to celebrate Halloween and that further outings were planned. This was a source of great excitement and enjoyment for the children concerned.

One child was due reach 18 years of age early in 2016 but there was no transition plan

in place as yet. The team leader told inspectors that the parents and the clinical team had discussed the issue but neither the team leader nor the child's key worker had been involved in developing a plan for the child or in preparing the child for transition.

Judgment:
Non Compliant - Moderate

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:
Risk assessments in relation to one child had been improved since the previous inspection. There were also improvements in the display of procedures to be followed in the event of a fire. However, inspectors found that the policy and procedures on hand hygiene were not fully implemented.

Inspectors viewed the risk assessments for one child who had a history of self-harming. The environmental checklist had been updated to include checks on ligature risks, sharps and chemicals and the risk assessment in relation to the child had been updated. Room searches had also taken place in a more systematic way but there was room for improvement in this as outlined under Outcome 1.

More child-friendly fire safety procedures had been developed since the previous inspection. Pictorial representations of the alarm sounding were displayed in the kitchen/dining room and child-friendly signs were displayed on the walls of the corridor and these indicated that children should walk to the exit in the event of a fire. A staff member told inspectors that she had used these pictures and signs to help explain the fire safety procedures to two children and would do so shortly with the remaining two children.

The policy and procedures on hand hygiene were not fully implemented. While the policy stated that paper towels are available at all hand washing sinks and that hand drying must be done using paper hand towels, inspectors found that, in a bathroom used by two of the children and all of the staff, there were no paper towels available. Instead a single hand towel was used by all who used the bathroom and this posed a risk of cross infection. Furthermore, inspectors found that there was no hand sanitizer or soap available in the bathroom. The issue of lack of hand sanitizers had also been an issue on the first inspection of the centre. The team leader told inspectors that the centre had scored well on a recent hygiene audit. While she did not know the details of what was inspected during the audit, she told inspectors that the issue of using the

hand towel was not addressed with her.

Judgment:
Non Compliant - Moderate

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
Following the previous inspection the accidents/incidents log was due to be updated by 14 August 2015 to include a section on restraints. Inspectors found that this action had not been completed. The team leader showed inspectors a revised template of an accidents/incidents log which did include a section on restraints but this was not yet in use. The logs for August, September and October 2015 did not include any reference to restraints.

Inspectors requested minutes of multidisciplinary meetings in which the use of restraints in the centre had been discussed. These were not available in the centre but the team leader requested a copy from head office. The document given to inspectors was unsatisfactory. It made reference to one restraint on each of three dates in August 2015 and September 2015 but there was no record of what events these related to or what the outcome of any discussion may have been.

Staff were trained in a recognised form of behaviour management. Records showed that, on occasion, staff used various techniques from their training, for example, blocking or release techniques. The team leader told inspectors that the use of these techniques was not reviewed afterwards in line with good practice. Furthermore, while there remained very little use of restrictive practices in the centre, inspectors were not satisfied that restrictive practices were adequately recorded and that they were reviewed by the multidisciplinary team to ensure that the use of restrictive practice was in line with good practice.

Judgment:

Non Compliant - Moderate

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:
Each of the four children was taking part in an education programme.

New school placements had been secured for two of the children since the previous inspection. One of these children was attending school daily and was accompanied by staff from the centre until special needs assistants could be put in place. Staff were working with the second child and the school staff to implement a transition plan to ensure that the child could take a full part in the school programme.

A third child was continuing in his/her school placement. A fourth child was in receipt of home tuition of seven hours per week. There was evidence that staff liaised with the school staff and the tutor in relation to their progress.

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

Findings:
Inspectors viewed the documentation in relation to the medication management for each child. There was a protocol for PRN (as required) medication which stated that PRN medication for agitation or aggression should only be administered as a last resort and following guidelines that had been set out in a child's individual plan. Inspectors viewed

the individual plan for one child prescribed PRN medication for agitation and found that it contained clear child-specific guidelines and procedures to be followed before PRN medication was administered.

Inspectors viewed the individual medication plans for each of the children. All had been reviewed since the previous inspection and were up to date.

A new system of dealing with medication errors had been introduced since the previous inspection. Medication errors were now graded according to level of seriousness. Minor errors were addressed by the team leader with individual staff and at team meetings. Where more serious errors took place the staff members involved would have to account to more senior managers and action would be taken which could involve re-training of the staff member. All medication errors were reviewed weekly by a nurse within the organisation and there was evidence that the nurse attended a team meeting to introduce the new system. The administration sheets viewed by inspectors were in order.

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):
Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:
There had been a change of person in charge since the previous inspection. The new person in charge had previously been the deputy team leader. She had relevant qualifications and experience, and was familiar with the children and the practices in the centre. She was also knowledgeable regarding the regulations. The Authority had been notified that there was also a new regional manager since the previous inspection.

Following the previous inspection the provider undertook to ensure that any discrepancies between the number of incidents recorded in the centre and the summary information that was provided to senior managers would be rectified. Inspectors found that this action had not been completed.

While inspectors were not provided with overall statistics compiled by the behavioural team, there were discrepancies between the number of incidents recorded in the children's files and the number of incidents which were recorded in the monthly log of accidents and incidents. For example, the monthly log for September 2105 contained references to five incidents relating to one child but incident reports for these incidents were not on the child's file. There were also two incident reports on the child's file that were not contained in the monthly log. This meant that information on incidents was deficient both for staff who wanted to update themselves in relation to the child's behaviour and for managers who were considering the overall safety of the centre.

There was evidence that the number of incidents involving the behaviour of children had decreased since the previous inspection but a number of serious incidents had occurred recently. For example, one child required hospital treatment on three occasions and two staff members had been on sick leave due to injuries sustained while at work. A number of staff told inspectors that the mix of children in the centre was not good. However, while there was evidence that incidents continued to be reviewed on an individual basis, there was no evidence that the overall impact of incidents on the safety of the children and on the operation of the centre was adequately reviewed.

Inspectors also viewed a report of a hygiene audit which was dated October 2015 and discussed this with the team leader who was not aware of the specific issues that were reviewed during the audit visit. Inspectors found that the audit was not effective as it indicated that the centre was in total compliance whereas the inspectors found that practice in the centre was not in compliance with the hand hygiene policy and procedures.

Judgment:
Non Compliant - Moderate

Outcome 17: Workforce
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.

Theme:
Responsive Workforce

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

Findings:
Inspectors interviewed a number of staff. Staff told inspectors that the team leader was supportive, there were regular team meetings and staff valued the input from the

behavioural team in relation to the management of individual children's behaviour.

Staff told inspectors that they had received training in autism, attention deficit disorder and medication management since the previous inspection. They had the regular support of a speech and language therapist regarding the communication needs of one child in particular. They told inspectors that their ability to use a recognised form of sign language had improved as result but that further training was required. A list of proposed training for staff contained reference to training in this form of sign language but this training had not yet taken place.

While some staff received regular supervision, one staff member told inspectors that they had not received supervision in over five months. This meant that at least one staff member was not adequately supervised in an environment which was stressful and challenging.

Judgment:
Non Compliant - Moderate

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:

Tom Flanagan
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[1]

Centre name:	A designated centre for people with disabilities operated by Nua Healthcare Services
Centre ID:	OSV-0004261
Date of Inspection:	29 October 2015
Date of response:	16 December 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 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The policy and procedures on environmental/personal search did not provide sufficient guidance to staff.

1. Action Required:
Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living

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

space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:
A policy surrounding the procedure on environmental/personal searches will be developed ensuring that guidelines provided to staff are clear and informative.

Proposed Timescale: 15/01/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Three of the children did not have independent advocates and full information on accidents and incidents was not made available to their representatives.

2. Action Required:
Under Regulation 09 (2) (d) you are required to: Ensure that each resident has access to advocacy services and information about his or her rights.

Please state the actions you have taken or are planning to take:
Advocacy services for all residents will be reviewed and implemented in line with the regulations

Proposed Timescale: 15/01/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The complaints log did not contain a record of all complaints and was not up to date in relation to any investigations carried out.

3. Action Required:
Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:
The complaint log will be updated ensuring all complaints/investigations are recorded within.

Proposed Timescale: 15/01/2016

Outcome 05: Social Care Needs

Theme: Effective Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no transition plan in place for one child who was due to reach 18 years of age early in 2016.

4. Action Required:
Under Regulation 25 (3) (a) you are required to: Provide support for residents as they transition between residential services or leave residential services through the provision of information on the services and supports available.

Please state the actions you have taken or are planning to take:
A transition plan will be developed by key worker and PIC in the centre and will be updated on a regular bases until the transition takes place.

Proposed Timescale: 23/12/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were no paper towels, hand sanitizers or soap available in a bathroom used by residents and staff and hand hygiene practices posed a risk of cross infection.

5. Action Required:
Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

Please state the actions you have taken or are planning to take:
Nua Healthcare will review their Policy and practice surrounding infection control and ensure all control measures that are required are in place to meet the needs of the residents bathroom environments.

Proposed Timescale: 15/01/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in

the following respect:
Incidents of restrictive practices such as restraint and blocking techniques were not recorded in the restrictive practices log and were not reviewed to ensure that their use was in line with national policy and evidence-based practice.

6. Action Required:
Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures 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:
Register of incidents will be updated on a weekly bases, which will include all incidents of restrictive practice. All incidents of restrictive practice will continue to be reviewed on a weekly bases at the clinical. All actions from this meeting will be communicated to the PIC.

Proposed Timescale: 15/01/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
There were discrepancies between the number of incidents recorded in the children's files and the number of incidents which were recorded in the monthly log of accidents and incidents.

There was no evidence that the overall impact of incidents on the safety of the children and on the operation of the centre was adequately reviewed.

The hygiene audit was not effective as it did not identify that practice was not in line with policy and procedures.

7. Action Required:
Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:
The register of incidents will be updated on a weekly bases ensuring the register matches the number of incidents in the Service User's files.

The centre will review impact assessments in line with incidents within the centre.

The hygiene audit will be reviewed to encompass policies surrounding hygiene practice

Proposed Timescale: 15/01/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
One staff member had not received supervision in over five months.

8. Action Required:
Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

Please state the actions you have taken or are planning to take:
Supervision within this centre will be reviewed to ensure it takes place in line with regulation.

Proposed Timescale: 15/01/2016

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Training in a recognised form of sign language was required by staff to communicate more effectively with a child but this training had not yet been provided.

9. Action Required:
Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:
The Centre will review the training needs of the staff team and provide further training were relevant.

Proposed Timescale: 19/02/2016