Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Radharc Nua
Name of provider:	Health Service Executive
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	29 July 2021
Centre ID:	OSV-0002633
Fieldwork ID:	MON-0033744

About the designated centre

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

Radharc Nua is a designated centre located in a rural area in Co.Wexford. The centre provides long-term residential care to five adult residents, with intellectual disability, dual diagnosis and significant high support physical and behavioural support needs. Residents living in the centre require full-time nursing care. The staff team consists of nursing staff and support workers. The residents attend day-services attached to the organisation and also have in-house individualised activities. The centre comprises of a large two-story house located in rural location. It has five single bedrooms with two living rooms, a kitchen, dining room, sensory room, five bedrooms, adapted bathrooms and a large accessible garden.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

How we inspect

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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 29 July 2021	09:30hrs to 19:00hrs	Sinead Whitely	Lead
Thursday 29 July 2021	09:30hrs to 19:00hrs	Leslie Alcock	Support

What residents told us and what inspectors observed

This inspection was unannounced and upon arrival to the centre, inspectors were greeted by a staff member who advised that the person in charge was on annual leave on the day of inspection. This staff member and another senior staff nurse, facilitated the inspection. This included a walk around the premises, introductions to residents and gathering the relevant documentation.

On arrival, inspectors observed one of the residents walking around the hallway and into the sitting room with a drink in their hand. This resident appeared interested but didn't engage with the inspectors. Residents used non verbal methods to communicate and inspectors endeavoured to determine the residents views of the service provided through speaking with residents, observing their responses, observing where they lived, observing care practices, speaking with staff and reviewing records. The inspection took place during the COVID-19 pandemic and therefore appropriate infection control measures were taken by the inspectors and staff to ensure adherence to COVID-19 guidance for residential care facilities including wearing personal protective equipment (PPE) and maintaining a two metre distance at all times during the inspection day.

The centre was a large dormer bungalow situated in a rural area. The house was large and comfortable, with communal living and dining areas and individual bedrooms for residents. However, the premises was in need of some maintenance with some outstanding paintwork required and noted around the centre. All residents had their own bedrooms which were personalised and had space to store their personal belongings. The house had large communal areas where the inspectors observed some residents relaxing, engaging in sensory activities, watching television and listening to music on the day of inspection.

The inspectors met with a total of five residents on the day of inspection and observed some of their routines including mealtimes and activities. In general, the inspectors found that residents appeared in good health and appeared familiar with the staff and the environment in which they lived. Residents did partake in some in-house activation schedules during the day, however the inspectors noted that this required review to ensure that the activation schedules were more varied and person centred. Prior to COVID-19, residents had access to their community and some attended day services.

While incidents of peer to peer safeguarding incidents were minimal, it did not appear that all the resident's were compatible living together at all times. Behavioural support plans in place for a number of residents identified the need for a low arousal environment, however inspectors observed on the day of the inspection that this was not always possible or afforded to the residents. The environment was loud with some residents vocalising loudly, shouting, clapping and banging the furniture and the walls. There were high levels of restrictive practices and these were in place secondary to identified high risks. Inspectors noted locks on

doors, limited access to specific rooms in the centre, high garden fences and a locked gate. Inspectors found that living with peers, did impact some resident choice and control in their daily lives. The centres most recent annual review did detail one family members feedback which noted that they felt their family member would prefer to live with less people.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. Some improvements were required to ensure that the service provided was safe at all times and to promote higher levels of compliance with the regulations. This was observed in areas such as; notification of incidents, general welfare and development, positive behavioural support, fire safety, residents rights and infection prevention control.

Capacity and capability

This was an unannounced inspection the purpose of which was to monitor the centres ongoing levels of compliance with the regulations. Overall, inspectors found that while there was clear management structures and lines of accountability in place, improvements were required to ensure the service provided, promoted a person centred service.

Appropriate staffing levels were in place to meet the assessed needs of the residents. Residents had access to full time nurse support and support workers and there were sufficient levels of staff in place to meet their assessed needs. Mandatory staff training and refresher training was facilitated by the provider and this was all up-to-date on the day of inspection.

There was a full time person in charge and a clear management structure and evidence that the service provided was regularly audited and reviewed. This included an annual review of the care and support and a six monthly unannounced inspection. Some issues were identified on the day of inspection which required review to ensure higher levels of compliance with the regulations as detailed in other sections of this report.

Regulation 15: Staffing

The inspectors reviewed the staff rota in place which was reflective of the staff on duty. The staff team consisted of nursing staff and care assistants. There were appropriate skill mixes and numbers of staff to meet the assessed needs of residents. The centre used agency staff to ensure the appropriate numbers of staff were available to meet the resident's needs. These appeared to be regular and

consistent people who knew the residents.

The inspectors reviewed a sample of staff files and found that one file was missing information in relation to the position the staff member held at the designated centre, the work they performed and the number of hours they were employed to work as required by Schedule 2. While the management team explained the duties and responsibilities of the staff person and provided an explanation for the lack of clarity, this was not present in the personnel file as required.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The staff were supported and facilitated to access appropriate training including refresher training which was regularly assessed. Training was provided in areas including fire safety, safeguarding, manual handling, infection control, behaviour management, food safety and management of sharps. Some training had been facilitated online due to risks associated with COVID-19. There was also evidence that regular one to one formal supervision of staff was taking place as per the provider's policy.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined governance structure in place with lines of accountability. There was a full time person in charge and the staff were aware of who was in charge in the absence of the person in charge.

The executive management team demonstrated regular oversight and familiarity with the residents and their needs. An annual review had been completed and an unannounced inspection of the quality and safety of care and support. The provider representative had full oversight of these and an action plan with clear time lines was devised following the audits.

Judgment: Compliant

Regulation 31: Notification of incidents

Following a walk around the centre and a review of documentation and adverse incidents, inspectors found that some restrictive practices including a locked gate

and high fencing had not been identified as restrictive practices and notified as required under regulation 31.

Judgment: Substantially compliant

Quality and safety

Inspectors reviewed a number of key areas to determine if the care and support provided was safe and effective to the residents at all times. This included a review of daily care records, risk documentation, fire safety documentation, residents activation schedules, positive behavioural support plans, menu planners, assessments of need and care plans.

Overall, while it was found that the centre was sufficiently resourced to meet the needs of the residents, improvements were required to ensure the service provided was always safe and person centred. It was evidenced that the management team had regular oversight of the service provided and residents all had assessments of need and personal plans in place which were subject to regular review and residents were supported to manage their health. Some deficits were noted in the recording of cleaning tasks in the centre.

Inspectors found that there were systems in place to assess and mitigate risks. There was a centre risk register in place and individualised risk assessments. However, some issues were identified on the day of inspection which required further review including a fire safety risk, and the management of behaviours that challenge. Regular staff training was provided in these areas and staff spoken with, were aware of potential risks when spoken with.

Further improvements were required to ensure that all residents had meaningful activation and choice and control in their daily lives. Inspectors acknowledge that residents presented with challenging and complex behaviours which posed ongoing risks and constraints.

Regulation 13: General welfare and development

The inspectors found that resident's activation schedules were in place but required review to promote daily individualised activation and meaningful days for all residents. Inspectors found that the activation schedules lacked variety at times a review of records for a period of seven weeks reflected limited personalised and individualised activities for residents. Activities recorded for all residents detailed drives, walks, music, television and jigsaws.

Management communicated that there was a gap in recording by staff and

elaborated on details of certain activities such as going for a drive often entailed going to the beach and collecting shells. Management also communicated that regular day service was yet to resume as a result of the COVID-19 pandemic.

Judgment: Not compliant

Regulation 17: Premises

The designated centre was designed and laid out to meet the needs of residents. Each resident had their own room which was decorated in line with their preferences and pictures of people important to the residents were located in their bedrooms. There were photos of the residents also located throughout the house. However, there were some areas throughout the house that were in need of maintenance and painting.

Inspectors found that the dining area did not promote a homely environment. Residents had small individual tables for dining and these all faced the one direction towards a hatch in the kitchen. Senior management communicated at feedback that table cloths or table mats could not be used in the centre secondary to some residents presentation.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had detailed risk assessments and management plans in place which promoted residents' safety and were subject to regular review. There was a risk register for the centre in and individual risk register in place. There were clear risk assessments and rationale for the restrictive practices, however not all restrictive practices were identified and subsequently risk assessed. Risk documentation did not sufficiently evidence rationale for some restrictive practices, including any access to the second floor of the home, access to residents sensory boxes and access to the laundry room. Inspectors acknowledge that staff and management communicated clear rationale for all of these restrictions when spoken with, however documentation did not reflect this.

Judgment: Substantially compliant

Regulation 27: Protection against infection

There were suitable procedures in place for the prevention and control of infection which were in line with national guidance for the management of COVID-19 in residential care facilities. An up-to-date COVID-19 preparedness and service planning response plan which was in line with the national guidance with centre specific policies and protocols was in place. The staff had completed the relevant up to date training. The centre appeared visibly clean and the inspectors observed staff cleaning the centre. There was cleaning schedule was in place however, there were gaps in the monthly cleaning schedules where staff had either not completed tasks or had not recorded tasks that were completed in line with the centres own schedule.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. The centre had suitable fire safety equipment in place which were serviced regularly by a fire specialist. There was evidence of regular fire evacuation drills taking place and up-to-date personal evacuation plans which outlined how to support the resident to safely evacuate in the event of a fire. Staff were completing weekly, monthly, quarterly and six monthly fire safety checks. Inspectors also noted detection systems, alarm systems and emergency lighting around the centre.

The inspectors observed a door was held open with a disposable apron on the day of inspection. This effected the centres containment measures in an area of high risk.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

A sample of personal plans were reviewed and inspectors found that there were comprehensive personal plans in place which were reviewed regularly and updated accordingly. There was evidence of involvement from family and resident representatives in the care plan reviews. The residents had up-to-date assessments of need in place which identified residents' health, personal and social care needs. The residents' personal goals were regularly reviewed and progressed where appropriate. There was a key working system in place with evidence of multi-disciplinary input.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were positive behavioural support plans in place which were regularly reviewed by a behavioural specialist. However, inspectors found that care records did not reflect that staff were following all steps of behavioural support plans during episodes of challenging behaviours. It was evident that staff were not following the protocol for a chemical restraint prescribed to one resident as per the psychiatrist's recommendation and the behavioural support plan. There was limited evidence that therapeutic techniques were utilised prior to the administration of this restraint on a number of occasions.

The behavioural support plans for two residents identified the need for a low arousal environment. However, inspectors observed on the day of the inspection that this was not always afforded to the residents. Two residents plans included re-direction to garden areas to facilitate a quieter environment. This was the plan in place for all times of day and night, regardless of weather conditions. Some restrictive practices including a locked gate and high fencing had not been identified as restrictive practices and had not been reflected in associated risk assessments or notified as required under regulation 31.

Judgment: Not compliant

Regulation 8: Protection

There were systems in place to safeguard residents. There was evidence that incidents were appropriately managed, responded to and recorded. Staff spoken to were clear on what to do in the event of a concern and who the designated officer was. Staff received appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse. Residents all had intimate care plans in place.

Judgment: Compliant

Regulation 9: Residents' rights

Residents meeting were held twice monthly and these were used to discuss any ongoing issues with the residents. However, residents did not appear to always have choice and control in their daily lives. Activation schedules appeared generic and repetitive at times as discussed in under regulation 13. Residents lived in a loud, busy and restrictive environment with their peers.

The inspectors acknowledged the recent move from the food being prepared for the

residents off site to on site. This appeared to be a positive change for the residents and the smell of home cooking was evident in the house during the inspection day. The inspectors observed that some choice was being offered by staff at mealtimes and the residents had access to refreshments and snacks. There was also sufficient staff present to offer assistance where required to residents at mealtimes. Further improvements were required to ensure that menu options and choices were offered to residents in an accessible version. Management communicated that work was in progress to photograph residents meals so that these pictures could be used as communication tools. Access to the kitchen was limited at times as there was fire door entering the kitchen which did not have an opening mechanism. This was held open with a plastic apron on the day of inspection as discussed under regulation 28.

Judgment: Not 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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Not compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Radharc Nua OSV-0002633

Inspection ID: MON-0033744

Date of inspection: 29/07/2021

Introduction and instruction
This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

- **Not compliant -** A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	**Judgment**
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: All information as required by Schedule 2 is now in place for all permanent staff in the centre.	
Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The person in charge has assured that the locked side gate and the high fencing surrounding the home has been referred to the rights review committee and added to the restrictive practice register. A corresponding risk assessment has been completed and is now contained in the centre's risk register. The restrictions will be notified via the quarterly returns NF39A going forward.	
Regulation 13: General welfare and development	Not Compliant
Outline how you are going to come into compliance with Regulation 13: General welfare and development: The PIC has revised the documentation relating to the recording of activities offered and	

carried out by residents to accurately reflect the actual activities engaged in. Restrictions in place due to Covid-19 have eased and residents have now received their Covid-19 Digital Certs so can now access more amenities in the community. Day service provision is also resuming for residents who attend on a sessional basis.

Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The PIC has consulted with the registered provider to upgrade the décor in the home in line with the recommendations. Discussion with residents and staff around decorating the dining-area.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The person in charge has reviewed the risk assessments relating to the restrictions in use in the home. The risk register has been updated to reflect these risks to now include access to laundry room, sensory items and stairs and balcony.	
Regulation 27: Protection against infection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Protection against infection: The PIC has put systems in place to promptly identify and address any gaps in cleaning schedules and communication to all staff the importance of fully completing schedules on a daily/monthly basis.	

Regulation 28: Fire precautions	Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The door that was held open was immediately resolved as soon as identified during the inspection. The PIC has assured that incident learning following this breech was carried out and communicated to all staff. Technical Services to review alternative mechanism for kitchen door to provide residents with free access to kitchen at times supervision is in place.

Regulation 7: Positive behavioural support	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
The PIC has assured that the protocol and recording of strategies and therapeutic techniques has been revised to now include clear and concise recording of all strategies carried out prior to restrictive practice being implemented.
Low arousal environment enhanced with resumption of Day services and easing of Covid-19 restrictions. This significantly reduces the amount of time all 5 residents are in the centre at the same time.
The person in charge has assured that the locked side gate and the high fencing surrounding the home has been referred to the rights review committee and added to the restrictive practice register. A corresponding risk assessment has been completed and is now contained in the centre’s risk register

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:
The PIC has assured that each resident has an individualized activation plan in place specific to their preferences and allowing for choice. The PIC has also met with the registered provider and the management team and revised the documentation relating to recording of activities that residents engage in to allow for more specific and accurate records of activities engaged in.

Picture menus completed to offer Residents information and choices for meals and snacks available.

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 13(2)(b)	The registered provider shall provide the following for residents; opportunities to participate in activities in accordance with their interests, capacities and developmental needs.	Not Compliant	Orange	13/09/2021
Regulation 15(5)	The person in charge shall ensure that he or she has obtained in respect of all staff the information and documents specified in Schedule 2.	Substantially Compliant	Yellow	03/09/2021
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair	Substantially Compliant	Yellow	15/10/2021

	externally and internally.			
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	03/09/2021
Regulation 27	The registered provider shall 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.	Substantially Compliant	Yellow	03/09/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/10/2021
Regulation 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at	Substantially Compliant	Yellow	01/10/2021

	the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
Regulation 7(5)(a)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation every effort is made to identify and alleviate the cause of the resident's challenging behaviour.	Substantially Compliant	Yellow	30/09/2021
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.	Not Compliant	Orange	30/09/2021
Regulation 09(2)(b)	The registered provider shall ensure that each resident, in accordance with his or her wishes,	Not Compliant	Orange	31/10/2021

	age and the nature of his or her disability has the freedom to exercise choice and control in his or her daily life.			