



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

Issued by the Chief Inspector

Name of designated centre:	Rathbeag
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	13 January 2023
Centre ID:	OSV-0003381
Fieldwork ID:	MON-0038886

About the designated centre

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

Rathbeag consists of a large detached bungalow located in a rural area comprising of three individual apartments and one bedroom which supports a resident to have free access to the main aspect of the centre. The centre is within close driving distance to a number of towns and provides a residential service for four adults, over the age of 19, both male and female with disabilities. Residents have their own bedroom, three of which are en suite, while three of the apartments also have their own sitting room. Communal facilities are also available in the centre such as a kitchen and a utility room with staff rooms also in place. Staff support is provided by social care workers and support workers. Nurse support is also available when required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Friday 13 January 2023	08:00hrs to 15:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that residents were well engaged by staff members and that the centre was adapted to meet their individual needs. They also had regular access to their local communities and transport was in place to facilitate them in pursuing personal interests.

The centre was warm and cosy and as mentioned above, the environment was adapted to meet the needs of the residents who used this service. Three residents had their own apartments and one resident had their own bedroom and the use of communal areas such as the kitchen and reception rooms. The inspector met with two residents in their apartments and spoke with one resident for an extended period of time. Both residents appeared relaxed and they were supported by staff which were assigned to them for the day.

The resident who spoke with the inspector discussed their life and how they liked to spend to time. They explained how staff members supported them to get out and about and how they liked shopping for a bargain. They proudly showed the inspector their apartment and they pointed out the many artworks which they had completed and displayed. They showed the inspector their own garden area and they highlighted how they enjoyed planting and looking after flowers. Although the resident appeared to have a good quality of life, they outlined to the inspector that they were unhappy that some of their personal belongings were not in their possession and were held for safe keeping by the provider. The resident had not complained to the staff team about this; however, when brought to the attention of the provider assurances were given that the resident would be supported with regard to making a complaint.

The inspector also met with a second resident in their apartment as they were relaxing in the morning by watching television. Again, this resident had assigned staff for the day of inspection and they appeared comfortable and relaxed in their company. This resident had some verbal skills and the interacted with the inspector on their own terms. Their apartment had also been specially adapted to meet their individual needs and the staff team and who met with the inspector outlined how they were planning with the resident the addition of more items for their apartment to assist with activities and creating a homely environment.

The inspector met with seven staff members on the day of inspection and spoke for a period of time with three staff. Each staff member clearly explained resident's individual needs including personal care, behavioural concerns and also activities which they enjoyed. Staff members had a pleasant rapport with residents and it was clear that they had a good understanding of their needs. Although staff members could detail residents' care needs, the inspector observed that some staff members were not wearing face masks when the inspection commenced and recommended personal protective equipment (PPE) was not utilised when cleaning a resident's apartment. This issue will be further discussed in a subsequent section of this

report.

Overall, the inspector found that individual care which residents received was generally held to a good standard; however, this inspection found that some areas of care including community access and personal possessions required adjustments while significant improvements were required in regards to infection prevention and control (IPC).

Capacity and capability

This inspection was conducted following the receipt of information in regards to care practices in this centre. This inspection found that the centre was generally well managed; however, improvements were required in regards to community access and personal possessions with significant improvements required in regards to infection prevention and control (IPC).

The inspection was facilitated by the centre's team leader and also by a senior manager who had been assigned by the provider. Both people had a good understanding of the service and it was apparent that they were committed to delivering a good quality service. As mentioned above this inspection was conducted following the receipt of information in regards to some care practices in the centre.

The inspection commenced prior to the conclusion of the centre's night shift and the inspector met with four staff members who had been supporting residents the previous night. One staff member spoke at length in regards to their role and they indicated that they were well supported with their duties. They stated that they had ample opportunity to raise concerns in regards to care practices as they attended scheduled team meetings and one-to-one supervision. They also stated that there was always a manager on duty and they were confident that any concerns would be received and responded to.

The team leader had assumed responsibility for the operation of the centre, on an interim basis, due to unplanned leave in the management structure. They were found to have a good rapport with residents and they also outline the oversight arrangements which assisted in ensuring that care was generally held to a good standard. The senior manager who also facilitated the inspection attended the service weekly and it was also clear that they had a good rapport with staff who were on duty.

The provider had completed the centre's six monthly audit and the team leader outlined a number of audits in areas such as fire safety, personal planning, IPC and health and safety which aimed to ensure that these areas of care would be maintained to a good standard. The centre's six monthly audit had examined IPC and found that in general, the IPC arrangements were held to a good standard. However, this inspection found that one area of the centre required significant improvements in regards to cleaning and disinfection. In addition, staff practice in

regards to the use of PPE also required improvement as recommended PPE was not always utilised as recommended.

The inspector found that the management structures aimed to ensure that residents were safe and had a good quality of life. Although this inspection highlighted areas of care which required adjustments, overall, residents received a service which was person centred and well resourced.

Regulation 15: Staffing

Staff who were on duty on the day of inspection had a good understanding of residents' assessed needs. A review of the rota indicated a consistent staff team was in place and generally staffing ratios were well maintained. Staff who met with the inspector also stated that they felt well supported in their role and that any issues which they may have would be received and addressed by management.

Judgment: Compliant

Regulation 23: Governance and management

The provider had completed all required audits and there was a schedule of internal reviews occurring which assisted in ensuring that care was generally maintained to a good standard. However, this inspection identified that an area of the centre and some staff practices required significant improvements in terms of IPC and these issues had the potential to impact upon the quality and safety of care which was provided.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of information within the centre indicated that all required notifications to the chief inspector had been submitted as required. Records of all submitted notifications were also held in the centre and they were readily available for review.

Judgment: Compliant

Quality and safety

The inspector found that residents generally were well supported and they enjoyed a good quality of life. Staff who were supporting them on the day of inspection was also observed to be warm in their approach to care and the the centre also had a pleasant atmosphere. However, this inspection found that some areas of care required improvement.

Residents who used this service required individualised care and support which included specific staffing arrangements and supervision, with one resident requiring considerable assistance in regards to their intimate care. Staff who met with the inspector throughout the inspection had a good knowledge of each resident's individual need and they spoke at length in regards to areas of care including intimate care, behavioural support and resident's personal interests.

Due to a resident's individualised need, the centre had specific guidance in place in regards to intimate care and also in relation to the cleaning and disinfection of their area. Although, staff who met with the inspector clearly outlined the supports offered in this area, the inspector found that observed practice required some improvements. For example, specific PPE was required when cleaning and disinfecting a specific area of the centre; however, all recommended PPE was not worn when carrying out these duties. In addition, some members of staff were not wearing a face mask when the inspection commenced.

Infection prevention and control was promoted in many areas of the centre and a recent IPC audit had identified some areas for improvement. As mentioned above an area of the centre required specific interventions in regards to cleaning and disinfection. The provider had implemented specific guidance for staff when cleaning and disinfecting this area and some minor adjustments were completed on the day of inspection to give further clarity to staff. However, the inspector found that practice in the centre was not of a good standard with mop and mop buckets stored without laundering or further disinfection. In addition, there was a specific cleaning and storage area for equipment and the inspector found that this area was not fit for purpose and compromised the IPC arrangements for equipment which had been cleaned and sanitised.

Residents were observed coming and going from the centre on the day of inspection and a resident who met with the inspector explained that they had good access to the community and that they enjoyed going to fairs and markets. Staff who met the inspector discussed another resident's needs and they outlined how this resident like to go for meals out and that they enjoy walks and activities such as basketball and using their trampoline. The inspector reviewed a sample of daily notes and associated financial records and found that although the resident was out and about most days, these notes did not highlight if they actually went into restaurants or if they took part in shopping which staff said that they also enjoyed. In addition, daily notes also failed to clarify if the resident was supported to engage in activities in the centre which they enjoyed.

In the weeks previous to the inspection, a resident had sustained an injury. The

provider had notified the chief inspector of this injury and a review of the associated incident records and body charts indicated that the provider and staff team had sought the required medical treatment. In addition, the management team had responded to the incident with a full review having occurred which recommended additional staffing supervision. Furthermore, on the day of inspection, the provider revised aspects of the associated risk assessment to include all recommendations from the incident review.

There were detailed records in place for financial transactions which were completed with or on behalf of residents. These transactions were kept under regular review by the centre's management to ensure that residents' finances were safeguarded. However, this inspection highlighted that this area of care required review to ensure that residents were fully supported with regards to their finances. For example, a recorded transaction showed that the resident had purchased cleaning products and information within the centre indicated that the provider attempted to use this resident's finances to purchase a specific item which could be considered part of the care needs. Although this transaction had not occurred, these issues required review. In addition, although the resident had a contract of care, this document did not clearly set out how residents would be supported with their finances where additional care items were required.

Overall, the inspector found that centre was well resourced and that considerable interventions were in place in direct response to both behavioural and safety concerns which assisted in ensuring that many areas of care were well maintained. However, this inspection highlighted that in particular the IPC arrangements and practice for one area of the centre required significant review.

Regulation 12: Personal possessions

The provider had systems in place to assist residents with managing their finances and the inspector found that detailed records were maintained for all financial transactions. Although the provider was proactive in the support they offered, some improvements were required to ensure that all transactions appropriately considered to ensure that residents' finances were safeguarded.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

There were robust risk management plans in place which promoted the safety of residents, staff and visitors to the centre. Risk assessments were reviewed on a regular basis with some risk assessments adjusted on the day of inspection to give

further clarity to controls which had been recently implemented. In addition, a review of incidents indicated that the provider had responded promptly to a recent incident where a resident sustained an injury.

Judgment: Compliant

Regulation 27: Protection against infection

Infection prevention and control is an integral aspect of care and it underpins the quality and safety of care which is provided. Although the main aspect of the centre was well maintained and clean to a visible inspection, this inspection identified that practice in regards to the use of PPE required improvement. In addition, a cleaning and storage area was not fit for purpose and compromised the IPC arrangements for integral equipment which a resident used on a daily basis.

In addition, mops were also stored in this area without laundering or disinfection and there were no procedures for the cleaning and sanitisation of additional equipment which was used clean and sanitise a resident's living area who required a high level of assistance in regards to their intimate care.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Person centred planning assists in ensuring that residents' needs are identified and that they are subject to regular review. Residents who used this service had comprehensive personal plans in place which clearly set out resident's individual assessment of need. Residents were also well supported in regards to identifying and achieving personal goals and they were supported to attend planning meetings in regards to the review and development of their plan.

Judgment: Compliant

Regulation 7: Positive behavioural support

Some residents required assistance in regards to their behaviours and a associated behavioural support plan which was examined on the day of inspection was found to be reviewed on a ongoing basis and assisted in ensuring that this resident would receive a consistent approach to care. The behaviour support specialist also attended the centre on the day of inspection for a scheduled visit and they openly

discussed a resident's behavioural support needs and how ongoing input from the staff team had resulted in a marked improvement in their quality of life.

Judgment: Compliant

Regulation 13: General welfare and development

The inspector observed residents coming and going from the centre over the course of the inspection and staff members who met with the inspector stated that residents had good access to their local communities. However, this area of care required review as documentation failed to demonstrate how a resident actively participated in community activities such as eating out and shopping. The records also failed to demonstrate how a resident was supported to engage in centre based activities which they enjoyed.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 13: General welfare and development	Substantially compliant

Compliance Plan for Rathbeag OSV-0003381

Inspection ID: MON-0038886

Date of inspection: 13/01/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To demonstrate that the Designated Centre is in line with Regulation 23 the Registered Provider and The Person in Charge will ensure the Infection Prevention and Control measures and practices within the centre are reflective of quality and safety standards of care.</p> <ol style="list-style-type: none"> 1. The outdoor sanitation stations have been fully refurbished by the maintenance team to better equip the staff to engage in safe and effective infection control practices (Due date 14.02.2023) 2. The Person in Charge has revised the cleaning standard operating procedures to include additional information regarding the maintenance of the sanitation stations and measures in place to manage cleaning and sanitation practices. (Completed 16.01.2023) 3. The PIC has reviewed and updated specific protocols to be followed for each individual Service User in line with their assessed needs to assure effective sanitation in line with HSE Infection, prevention and control Guidance and Framework. The updated Centre procedures have been communicated to the staff team and supports put in place to mentor and oversee practice. (Complete 27.01.2023). 4. The Person in Charge will lead and oversee the team in safe practices providing practical IPC mentoring to each team member through physical demonstrations and discussions at daily handovers and at team meeting of the revised procedures (Completed 9.02.2023). 	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal	

possessions:

To demonstrate that the Designated Centre is in line with Regulation 12 the Registered Provider and The Person in Charge will ensure that all transactions are appropriately considered to ensure that residents' finances are safeguarded.

1. All Service Users asset books which provide an inventory of all their personal possessions have been updated for all residents to best capture all their personal belongings. Everyone has completed this exercise with their Key Worker so that they are involved and actively contributed to the process. (Completed 20.01.2023).
2. The Contract for Provision of services has been reviewed to ensure it captures what a Service User is to pay for and what service they receive as part of the package of care. (Completed 3.02.2023)
3. PIC will ensure all checks on Service Users finances to ensure there is oversight on Service Users Spends and they are in line with the revised Contract for Provisions of Services.

Regulation 27: Protection against infection

Not Compliant

Outline how you are going to come into compliance with Regulation 27: Protection against infection:

To demonstrate that the Designated Centre is in line with Regulation 27 the Registered Provider and The Person in Charge will ensure improvements in practice regarding the use of PPE and IPC arrangements within the centre.

1. The Person in Charge has revised the cleaning standard operating procedure related to one Service User in line with HSE Infection Prevention and Control guideline (Completed 9.02.2023).
2. Test of Knowledge will be completed with all Team Members to ensure all fully understand all controls in place (Completed 10.02.2023)
3. The updated Centre procedures have been communicated to the staff team. They are discussed at daily handovers and have been communicated at the monthly team meeting (Completed 9.02.2023).
4. All team members have completed the Infection Control e-training module, they will recomplete this training (Complete 9.02.2023).
5. The outdoor sanitation stations will be fully refurbished by the maintenance team to better equip the staff to engage in safe and effective infection control practices when cleaning and sanitising an identified individual's mattress and clothing items. (Due Date 14.02.2023)
6. All team members have been re-briefed about the mandatory requirement of mask wearing in handovers and Team Meeting (Completed 16.01.2023)

Regulation 13: General welfare and development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 13: General welfare and development:</p> <p>To demonstrate that the Designated Centre is in line with Regulation 13 the Registered Provider and The Person in Charge will ensure that the daily activities and community interactions of the individuals will be reflected in their Personal Plan and associated documents and maintained in line with their actual experience.</p> <ol style="list-style-type: none"> 1. The Person in Charge has completed a review of all Service Users personal plans and associated documentation to ensure they are reflective of goals and outcomes. The Person in Charge then met with all the Key Workers to outline and provide guidance on how to document and record accurately all the activities the Service Users are engaged in. Following this the Person in Charge is completing weekly checks to ensure all team members are complying. (Completed 3.02.2023 and ongoing checks occurring). 2. The Person in Charge has communicated with all team members advising them of the learnings and sample material provided to guide practice when writing daily reports with a focus on the requirement for more descriptive accounts of activities undertaken daily. (Completed 20.01.2023) 3. Discussions have taken place with the staff team at daily handovers to raise their awareness and provides opportunity for feedback. The Person in Charge discussed report writing and key areas for improvement at the next team meeting on the (Completed 9.02.2023). 4. The Person in Charge in collaboration with one Service Users Occupational Therapist have revised and updated the activities engagement checklist, this captures specific activities the individual has been engaged in daily while in the Centre and while within the community. (Completed 02.02.2023). 	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	03/02/2023
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.	Substantially Compliant	Yellow	09/02/2023
Regulation 13(2)(c)	The registered provider shall provide the following for	Substantially Compliant	Yellow	09/02/2023

	residents; supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	14/02/2023
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.	Not Compliant	Orange	14/02/2023