



# 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:	Short Notice Announced
Date of inspection:	15 April 2021
Centre ID:	OSV-0003381
Fieldwork ID:	MON-0032423

## 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 four individual apartments. 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. Each of the four residents living in this centre have their own apartment within the centre. 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 a nurse, social care workers and support workers.

**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 - 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 15 April 2021	09:30hrs to 15:30hrs	Sinead Whitely	Lead

## What residents told us and what inspectors observed

The inspector had the opportunity to meet with two residents on the day of inspection. Both of these residents used verbal methods to communicate. The two other residents living in the centre were not present to meet with the inspector, on the day.

The inspection took place during the COVID-19 lockdown period and therefore some measures were taken by the inspector 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 premises was bright, clean and homely on arrival. The premises was a single storey building and all residents had their own self contained apartments and gardens. One resident had been baking in the morning and there was a smell of fresh baking throughout the centre. Photos of the residents were observed around the centre and one of the residents' pet cat was in the garden. A barbecue was noted outside in one of the gardens and the person in charge communicated that the centre had barbecues sometimes when the weather allowed. One resident showed the inspector the flowers and vegetables that they had been growing in their garden and their sheds.

Another resident showed the inspector their apartment and the garden space they had adapted to suit their preferences. The apartment had also been decorated to suit the residents preferences. The resident communicated with the inspector that, while they had full access to the communal centre kitchen, they would love their own kitchen in their apartment.

High levels of restrictive practices were noted around the centre. It was evidenced that these were in place secondary to identified risks. One hallway of one apartment in the centre, was monitored by CCTV at all times of the day and night. All restrictive practices were regularly reviewed by a restrictive practice committee, with a view to reduce their use and there was a plan in place to eventually remove the use of the CCTV.

One resident communicated dissatisfaction with risk measures in place. Following conversations with management and a review of documentation it was clear that risk measures were in place secondary to very high risks identified. However, it was noted that the care provided was not in line with this residents own wishes. Staff had supported the resident to seek advocacy support and work was being done to determine the residents levels of capacity.

One resident communicated that staff accidentally banged doors in the centre at night time and this had an impact on a restful nights sleep at times, and they had to wear ear plugs to help them sleep. This had been treated seriously by management

and the person in charge provided evidence that measures had been taken to ensure this did not happen again.

The service issued questionnaires to residents and their representatives regularly. These reviewed residents levels of satisfaction with areas including residents rights, staffing, the premises, activities and visitation. A service user forum was held weekly and this was an opportunity for residents to express any complaints or concerns with the staff supporting them. Menu choices were also discussed at these meetings.

All residents had individualised activation schedules in place and residents were provided with opportunities to engage in meaningful daily activities in accordance with their interests and capabilities. Some residents normal daily routines continued to be impacted by restrictions in place secondary to COVID-19. Some residents enjoyed going for walks, going to outdoor gyms, caring for their pets, gardening, baking, online bingo, and arts and crafts.

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 affected the quality and safety of the service being delivered.

## Capacity and capability

Overall, the inspector found that the registered provider was demonstrating the capacity and capability to provide a safe and effective service. High levels of compliance with the regulations was observed and found on the day of inspection. The purpose of the inspection was to monitor ongoing levels of compliance with the regulations and to inform a registration renewal decision. The provider had appropriately addressed any concerns highlighted during the centres most previous inspection.

There was a clear management structure in place and clear lines of accountability. The registered provider had ensured that care and support was delivered to residents in a safe manner and that the service was regularly and effectively monitored. There was a consistent staff team in place providing care and support and this was clearly identified on the centres staff rota. Staff were appropriately supervised and mandatory training was provided to staff to meet the service users needs. Staff training needs were regularly reviewed.

Service users and their families had many opportunities to comment and provide feedback on the service provided, or submit complaints and compliments. There was evidence of regular residents meetings. The complaints procedure was clearly displayed in the centre, in an accessible format, and service users were made aware of this. Comments and complaints regarding the service provided were treated seriously by the provider and person in charge.

## Registration Regulation 5: Application for registration or renewal of registration

The purpose of the inspection was to monitor ongoing levels of compliance with the regulations and to inform a registration renewal decision. The inspector found that the provider had submitted all documents and prescribed information in full within the required time lines.

Judgment: Compliant

## Regulation 15: Staffing

The staff team consisted of social care workers and support workers. Staff also had access to nurse support and other multi-disciplinary professionals when required.

There was a staff rota in place that was appropriately maintained and reflected staff on duty. Arrangements were in place to cover staff shifts in the event of staff absences. Support levels and skill mixes were determined by the needs of the residents. For example, male or female support was facilitated when required. Staff meetings were held monthly and issues such as safeguarding, risk management, COVID19, complaints, fire safety and key working tasks were regularly discussed.

Staff spoken with appeared familiar with the residents individual needs and preferences. Staff also appeared familiar with their key working roles and the allocation of tasks in the centre to support residents appropriately and safely. Staff personnel files were not reviewed as part of this inspection day.

Judgment: Compliant

## Regulation 16: Training and staff development

The registered provider had ensured that staff had access to appropriate training and refresher training. All staff had completed training in medication management, fire safety, manual handling, behaviour management, first aid, safeguarding, infection prevention and control, hand hygiene and autism.

All staff were completing regular one to one formal staff supervisions with line managers and this included a process for performance reviews and the probation of new staff members.

Judgment: Compliant

## Regulation 23: Governance and management

There were appropriate systems in place for governance and management in the designated centre. There was a full time person in charge in place who shared their role with another designated centre and divided their time between the two centres. This person was supported in the centre by two deputy team leaders.

There was a regional director of operations in place who regularly attended the centre and was senior to the person in charge. A weekly report was sent to the director of operations and this included details regarding any adverse incidents. Trends and actions were identified, when required, from these reports.

The inspector observed that the quality and safety of the care provided was regularly audited and reviewed. A six monthly unannounced inspection had been completed by a person nominated by the registered provider. An annual review of the service provided had also been completed. Residents and their representatives were consulted as part of this review. Any actions identified from audits and reviews were addressed in a timely manner and persons responsible were identified.

Judgment: Compliant

## Regulation 3: Statement of purpose

There was a statement of purpose in place that was an accurate description of the service provided and met all requirements set out in Schedule 1. This was revised at regular intervals.

Judgment: Compliant

## Regulation 34: Complaints procedure

There was a clear procedure in place for the management of complaints and a designated person identified for the management of any complaints received in the centre. The complaints procedure was prominently displayed in the designated centre.

One resident expressed to the inspector that they had complained about staff accidentally banging doors in the centre at night. This had been treated seriously by management and the person in charge provided evidence that measures had been taken to ensure this did not happen again.



The service issued questionnaires to residents and their representatives regularly. These reviewed residents levels of satisfaction with areas including residents rights, staffing, the premises, activities and visitation. A service user forum was held weekly and this was an opportunity for residents to express any complaints or concerns with the staff supporting them. Menu choices were also discussed at this meeting.

Judgment: Compliant

## Quality and safety

Overall, inspection findings suggested that the registered provider was striving to provide a safe, high quality residential service to residents. Systems were in place to ensure risk management measures were in place and that service users were safeguarded. Documentation and records regarding the care and support provided, were well maintained within the centre. Overall it was found that the centre had the resources and facilities to meet residents' needs

Residents' support needs were assessed on an ongoing basis and there were measures in place to ensure that residents' needs were comprehensively assessed and met. Personal plans outlined specific residents' support needs and individual aspirations and goals. There were arrangements in place to protect residents from the risk of abuse. Staff had received up-to-date training in the safeguarding and protection of vulnerable adults and staff spoken with, were aware of safeguarding measures in the centre. All residents had individualised plans in place for the provision of intimate care. Residents all had access to behaviour specialists, to support them to manage their behaviours. A behaviour specialist audited and monitored the residents personal plans to ensure therapeutic behavioural management techniques were an integral part of the care and support provided.

There were suitable fire safety management systems in place, including detection and alert systems, emergency lighting and fire-fighting equipment, which was regularly serviced by a fire specialist. There were suitable fire containment measures in place. Staff had received training in fire safety and there were detailed fire evacuation plans in place for residents and staff.

There were arrangements in place to control the risk of infection in the centre. The provider had implemented a clear policy for the management of the COVID-19 pandemic in the designated. There were hand washing and sanitising facilities located around the centre and staff had received training in relation to infection prevention and control and hand hygiene. There were clear procedures in place to follow in the event of a COVID-19 outbreak in the centre.

## Regulation 12: Personal possessions

In general, the inspector found that residents possessions were respected and each resident had adequate space to store and maintain their personal property.

Residents finances were regularly audited and reviewed. Assessments had been completed with all residents to determine their capacity and ability to independently manage their finances and residents were supported with this, when required. However, one resident did not have full access to, and did not retain control of, their own finances. This meant that staff did not have oversight of the residents finances and could not fully identify if any misappropriation of finances had occurred. Evidence that some work had been done by management to change this was observed.

Judgment: Substantially compliant

### Regulation 13: General welfare and development

All residents had individualised activation schedules in place and residents were provided with opportunities to engage in meaningful daily activities in accordance with their interests and capacities. Some residents normal daily routines continued to impacted by restrictions in place secondary to COVID-19.

One resident communicated dissatisfaction with some care and support practices, in particular risk measures in place. Following conversations with management and a review of documentation it was clear that measures were in place secondary to very high risks associated with supporting this individual. However, it was noted that the care provided was not in line with this residents own wishes. Staff had supported the resident to seek advocacy support and work was being done to determine their levels of capacity.

Judgment: Substantially compliant

### Regulation 17: Premises

The premises was designed and laid out to meet the assessed needs of the residents. The premises was a single storey building and was well maintained internally and externally. Residents all had their own self contained apartments with their own gardens and these were decorated in line with their own preferences.

The registered provider had ensured the provision of all items set out in Schedule 6 in the designated centre. This included the provision of social, recreational, bathroom, dining and private spaces and adequate facilities for residents to launder their clothes.

Judgment: Compliant

### Regulation 26: Risk management procedures

The registered provider had ensured that systems were in place in the designated centre for the assessment, management and ongoing review of actual and potential risks in the designated centre.

Measures and plans were identified for in the event of adverse incidents in the centre. Adverse incidents were trended regularly and this included a review of adverse incidents such as medication errors, absconding, use of restraints, complaints, staff accidents, injuries, safeguarding concerns and staff misconduct. Actions plans were put in place when trends of certain incidents were identified.

Residents all had individualised risk management plans in place which were subject to regular review. Any new risks and new risk measures implemented were regularly discussed at staff meetings and handovers.

Regular health and safety audits were completed in the centre and these reviewed the accidents and incidents, fire safety measures and the weekly safety checklists that were completed by staff.

A centre specific risk register was in place which identified all actual and potential risks in the designated centre and control measures in place to mitigate these risks. Some restrictive practices were in place and rationale for their use was identified in individual risk assessments. This included residents at risk of absconsion.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider, members of management and staff working in the designated centre had adopted procedures for infection prevention and control and the management of the COVID-19 pandemic, which were consistent with national guidance for residential care facilities. The provider had implemented a clear policy for the management of the COVID-19 pandemic in the designated. The centre had a clear contingency plan in place for in the event of an outbreak of COVID-19.

The centre was visibly clean and enhanced cleaning schedules had been implemented with additional checklists for staff to complete. Staff were completing risk assessment questionnaires before coming on duty and staff and residents were monitored for signs and symptoms of COVID-19, with temperature checks being completed four hourly.

There was adequate personal protective equipment (PPE) available and stocks of PPE were audited daily by staff. Residents had been supported to avail of a vaccination programme where they chose to participate. All staff had completed training in infection prevention and control, hand hygiene and the donning and doffing of PPE. All staff were observed wearing face masks throughout the inspection day.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had ensured that safe and effective fire management systems were in place in the designated centre. Following a walk around the premises, the inspector observed containment measures, detection systems, emergency lighting and fire fighting equipment. A weekly fire safety checklist was completed by staff and there were weekly checks completed on detection systems. Staff and residents were regularly completing evacuation drills and these were completed in an efficient manner and these simulated both day and night time conditions.

Staff were completing daily checks on escape routes and evacuation routes were prominently displayed in the centre. The service had access to a fire specialist engineer when required and for regular servicing of equipment. All staff had completed training in fire safety.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

All residents had comprehensive assessments and personal plans in place. These were audited and assessed on a regular basis with a behavioural specialist. Plans considered residents health and wellness, independent living skills development, goals and aspirations and personal action plans. There was a key working system in place and key workers were responsible for ensuring that personal planning documentation reflected residents most up-to-date information.

Key workers were regularly supporting residents to achieve that desired goals. All residents had individual COVID-19 care plans in place and personal plans and goals in place were reflective of some of the measures and restrictions in place secondary to COVID-19.

All residents had an annual review and plans were updated in line with the residents plans and wishes for the year ahead. Specific health care management plans were also in place.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours. A marked decrease in incidents of challenging behaviours had been noted since the centres previous inspection. Residents all had access to behaviour specialists, who audited the residents personal plans to ensure therapeutic behavioural management techniques were an integral part of the care and support provided.

The service had a restrictive practice committee in place which approved and regularly reviewed the use of any restrictive practices. Clear rationale was observed regarding the use of any restrictive practices in corresponding risk documentation.

Judgment: Compliant

### Regulation 8: Protection

Safeguarding risks were clearly identified and risks mitigated in the centre. All staff had received up-to-date training in the safeguarding and protection of vulnerable adults. Safeguarding concerns were treated seriously and safeguarding plans and safeguarding measures were in place where required. Staff supporting residents were aware of these plans and measures. All residents had personalised intimate care plans in place.

Staff spoken with, were familiar with with the different types of abuse and who to report to, should they identify a safeguarding concern and the organisational and national requirements for reporting and recording.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Rathbeag OSV-0003381

Inspection ID: MON-0032423

Date of inspection: 15/04/2021

## 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 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>PIC to seek further guidance from the HSE rep involved in this case to establish a protocol to work with the family to enable the resident to have access to his finances</p> <p>PIC to liaise with the family of the resident in question regarding the finances and to support the change to the resident having access directly to their finances</p> <p>PIC to continue to adhere to Nua Healthcare's Policy and Procedures on Residents Finances</p> <p>PIC to continue to record all efforts being made in gaining access to the resident's finances and that this is fully documented</p> <p>PIC to promote the use of the National Advocacy Program for the resident</p>	
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>MDT taking place on 27.05.21 to introduce Positive Psychology to this resident, as per Psychiatrist Recommendations</p> <p>PIC to ensure that staff team are trained in Positive Psychology to support this being delivered consistently and effectively with all members of the MDT</p> <p>PIC to ensure that regular MDT's take place to measure the effectiveness of Positive Psychology approach is reviewed, learnings observed and changes as required are made to the plan</p>	



## 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	30/09/2021
Regulation 13(1)	The registered provider shall provide each resident with appropriate care and support in accordance with evidence-based practice, having regard to the nature and extent of the resident's disability and assessed needs and his or her wishes.	Substantially Compliant	Yellow	30/09/2021