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:	Inisfree
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Laois
Type of inspection:	Short Notice Announced
Date of inspection:	21 April 2021
Centre ID:	OSV-0003382
Fieldwork ID:	MON-0031862

About the designated centre

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

Inisfree is located in a rural area in Co.Laois and consists of a large dormer bungalow and a separate detached smaller unit. The designated centre currently provides a high support residential service for up to four adults with autism, intellectual disability, mental health diagnoses and those who display challenging behaviours in dormer bungalow. A respite service for one resident, of any gender, is also provided in the smaller standalone unit. Each resident has their own bedroom and other facilities in the centre include a kitchen, dining/living room, a sitting room, staff facilities and bathrooms. Staff support is provided by social care workers and support workers. Local amenities in the areas include shops, parks, clubs, pubs and café's.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4

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
Wednesday 21 April 2021	9:30 am to 4:00 pm	Sinead Whitely	Lead

What residents told us and what inspectors observed

The inspector had the opportunity to meet with four residents on the day of inspection. Residents spoke with the inspector to express their views.

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. Interactions between the inspector and staff and residents were also maintained to 15 intervals.

The premises was designed and laid out to meet the assessed needs of the residents and was maintained in a good state of repair internally and externally. The main premises was a two storey dormer bungalow with two resident bedrooms and one self contained apartment. There was also an external building with a kitchen, living area, bedroom and staff office. This was used for one respite placement. The centre was warm, homely and welcoming on arrival. Residents had decorated and personalised their spaces with their preferred colours, pictures and belongings.

One resident waved at the inspector out their window on arrival and later showed the inspector their apartment. The resident appeared very happy and proud of their apartment and discussed different activities and programs that they had recently enjoyed. The resident communicated that they liked all the staff working with them, when asked by the inspector. The resident did communicate that sometimes the beeping from the door fob system annoyed them. The person in charge immediately communicated that they would endeavour to address this.

Residents appeared to enjoy individualised activation programs. Residents regularly enjoyed activities such as walks, arts and crafts, baking, sensory activities, movies and games with tablet devices. The inspector observed a number of recreational resources around the centre such as swings, a treadmill, bluetooth speakers, televisions, a bike, and a karaoke machine. The centre also had a sensory room where some residents regularly enjoyed meditation and listening to music.

One resident had pet birds in their living area and spoke to the inspector about how they will be doing a dog grooming course online. The resident communicated that they loved the staff team working with them when asked by the inspector and that in general they felt safe and happy, although at times, safeguarding measures in place annoyed them.

Residents meetings took place once a week and these were used to discuss menu choices and activities for the week ahead. Residents had access to service vehicles at all times and these was used to attend the residents preferred activities both during the week and at weekends. The residents appeared to enjoy support from a regular staff team that were familiar with their needs. However, the inspector

observed that at times, one resident did not always have the full support levels in place as identified in their assessment of need and risk documentation as detailed in other sections of this report.

Feedback regarding the service provided was sought annually from residents and their representatives. The residents communicated no complaints with the service provided to the inspector on the day of inspection. Moderate to high levels of satisfaction were reported in the satisfaction questionnaires in areas including food, staff, activities and premises.

The next two sections of this report detail the inspectors findings regarding the governance and management of the centre, and how this affected the quality and safety of the service being delivered to the residents.

Capacity and capability

In general, the inspector found that the provider demonstrated the ability to provide an effective service to the residents. Members of management who were present on the day of inspection, were found to be responsive to the inspection process and knowledgeable regarding the operation of the designated centre and the individual needs of the residents. Actions from the centres most previous inspection had been appropriately addressed by the registered provider.

There was a clear management structure and lines of accountability, with two team leaders in place who were supported by the person in charge.There was a regional director of operations who was senior to the person in charge and had regular oversight of the centre and had a regular presence in the centre. There was evidence of regular auditing of the service provided with regular reviews taking place, as required by the regulations and in line with the providers own service policy.

The staff team was a mixture of social care workers and support workers. Formal one to one staff supervisions were taking place on a regular basis with line managers. The person in charge also completed regular on the floor supervision of staff. The provider was ensuring that training was provided to meet the assessed needs of the residents. However, at times, staff support for one resident was affected when another residents behaviours escalated. The incidents of this were minimal and the person in charge communicated that other staffing measures were in place to mitigate this risk when possible - for example staff living close to the centre were called to come to the centre to support when needed.

The inspector found that residents had opportunities to communicate any complaints they had about the service. Residents were issued with satisfaction questionnaires annually and in general these communicated high levels of satisfaction with the service provided in areas including the premises, meal times, activities and staffing. The inspector observed information regarding residents rights

and advocacy services prominently displayed in the centre.

Regulation 15: Staffing

The staff team consisted of support workers and social care workers. Residents had access to further multi-disciplinary support, including nursing care, within the organisation when required. There was a clear staff rota in place which accurately identified staff on duty. The centre had access to a panel of relief staff to cover staff sickness or annual leave. These were familiar to the centre and the residents. Staff allocations, roles and responsibilities were clearly identified.

One resident in the designated centre was experiencing a difficult period and presented with an escalation in behaviours. Extra staff support was available in the centre when required, however this would impact other residents support levels. The person in charge communicated that other measures were in place to mitigate this risk when possible - for example staff living close to the centre were called to come to the centre to support when needed. The person in charge had sought a review of the residents support levels prior to the inspection day, to address this.

Judgment: Substantially compliant

Regulation 16: Training and staff development

The registered provider had ensured there was a staff training programme in place and training was provided in line with the assessed needs of the residents. Staff received training in areas including fire safety, medication management, manual handling, behaviour management, safeguarding, infection control, intimate care, risk management, and autism support.

Regular one to one staff supervisions were taking place with line managers and the person in charge was also completing regular on the floor practical supervisions with staff.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured that there were appropriate management systems in place in the designated centre. There was a full time person in charge and two deputy team leaders in place which ensured that there was a regular management presence in the centre. There was also a regional director of

operations in place who was senior to the person in charge and had regular oversight of the centre.

There was evidence of regular auditing and review of the service provided. The provider had a quality and safety team who completed regular checks and audits in the centre. An annual review had taken place and a six monthly unannounced inspection on behalf of the provider. These used the standards and the regulations as a tool for making judgements. The person in charge also completed a weekly governance matrix which highlighted any adverse incidents with senior management. This was also used to trend incidents of concern and identify actions when needed.

Judgment: Compliant

Regulation 31: Notification of incidents

Any adverse incidents required to be notified to the Chief inspector had been submitted to the Authority within the time lines required by regulation 31. This included the reporting of some adverse incidents and the use of restrictive practices in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear and accessible complaints procedure in place. This was prominently displayed on the wall of the designated centre. Feedback regarding the service provided was sought annually from residents and their representatives.

There was a designated person who was nominated to investigate and respond to any complaints regarding the service. Residents had access to advocacy services and details of advocacy services and citizens information were also displayed in the centre.

The complaints process and residents rights were regularly discussed during residents meetings and key working sessions.

Judgment: Compliant

Quality and safety

The inspector reviewed a number of areas to determine the quality and safety of care provided including residents personal plans, fire safety, safeguarding, infection control and behaviour management. The inspector found that these areas were largely compliant and that the registered provider, management and staff were promoting person centred care and support for residents living in the designated centre.

All residents had clear and comprehensive assessments of need and personal plans in place. These were subject to regular review and reflected the residents most current needs. Residents were safeguarded in the centre. Residents were supported to manage their behaviours and had good access to further support if they required this. Restrictive practices were in place due to identified risks and were subject to regular review with the multi-disciplinary team.

Systems were in place for the assessment, management and ongoing review of risk in the centre.Individualised personal risk management plans were in place for all residents. COVID-19 risk plans had been devised and measures were in place in the centre for infection prevention and control. Management and staff were adhering to national guidance for the management of COVID-19 in residential care facilities.

Effective fire management systems were in place in the centre. The registered provider had ensured that provision of fire fighting equipment, detection systems and containment systems and these were subject to regular servicing with a fire specialist. All staff had received up-to-date training in fire safety.

Regulation 17: Premises

The premises was designed and laid out to meet the assessed needs of the residents and was maintained in a good state of repair internally and externally. The main premises was a two storey building with two bedrooms and one self contained apartment. Residents had decorated and personalised their space with their preferred colours, pictures and belongings. There was also an external building with a kitchen, living area, bedroom and staff office. This was used for one respite placement.The provider had ensured the provision of all matters set out in Schedule 6.

Judgment: Compliant

Regulation 26: Risk management procedures

The centre had a risk register in place which clearly identified all actual and potential risks in the designated centre. All residents had individual risk management plans in

place and risk measures were also implemented into the residents personal care plans. Some additional risk measures had been implemented due to identified risks, including staff using walkie-talkies to communicate in the event of behavioural incidents with residents.There were emergency plans in place for in the event of adverse incidents.

Judgment: Compliant

Regulation 27: Protection against infection

Infection prevention and control measures were in place in the designated centre. The centre was visibly clean on the day of inspection and enhanced cleaning schedules had been implemented by staff. The provider and management team had devised an outbreak management plan and a standard operating procedure for in the event of an outbreak of COVID19.

The centre had a donning and doffing station outside and staff had completed training in the donning and doffing of personal protective equipment (PPE). Staff were observed wearing face masks throughout the inspection, in line with national policy for residential care facilities. Daily audits were being completed to ensure that the centre had appropriate stocks of PPE in place.

Staff had access to up-to-date guidance for infection prevention and control and signage was noted around the centre outlining infection control measures that should be adhered to.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire management systems were in place in the centre. Following a walkaround the centre, the inspector observed measures including containment systems, emergency lighting, signage, detection systems, fire fighting equipment and alarm systems. Fire fighting equipment and systems were subject to regular review and servicing with a fire specialist.

All residents had personal emergency evacuation plans in place which were subject to regular review. These detailed residents' awareness of fire safety and levels of support required in the event of a fire. Staff and residents were completing regular evacuation drills in an efficient manner and these simulated both day and night time conditions. Evacuation procedures were prominently displayed around the centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

All residents had clear and comprehensive assessments of need and personal plans in place. These were subject to regular review and reflected the residents most current needs. All residents had an annual review of their plan of care with input from members of the multi-disciplinary support team.

Additional systems were in place to assess the needs of any resident using the respite placement in the centre. This was completed prior to their respite stay. There was an admissions and discharge team, who also reviewed any admissions to the respite house.

There was a key working system in place and key workers supported residents to achieve set personal social goals in place which were agreed at residents personal planning meetings. Goals in place promoted residents to develop independent living skills and skills teaching was also an aspect of the role of key workers.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to manage their behaviours. Residents had access to a wide range of behavioural supports and online consultations were facilitated during the COVID-19 lockdown.

Incident reports detailed therapeutic interventions used by staff when supporting residents during behavioural incidents. These included active listening, redirection, relaxation techniques and communication techniques. The centre did use a number of restrictive practices. Rationale for their use was well evidenced in risk documentation. The use of restrictive practices was subject to quarterly review with a team of multi-disciplinary professionals.

A behavioural therapist reviewed the residents personal plans regularly and ensured that up-to-date behavioural supports were an integral part of the residents care and support.

Judgment: Compliant

Regulation 8: Protection

Systems were in place to safeguard residents. All staff had received up-to-date training and refresher training in the safeguarding and protection of vulnerable adults.

Safeguarding incidents were treated seriously and in line with national safeguarding policy. New safeguarding measures had been implemented in the centre in recent times following a trend of safeguarding incidents.

All residents had personal plans in place to support them with personal care.

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
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	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
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 Inisfree OSV-0003382

Inspection ID: MON-0031862

Date of inspection: 21/04/2021

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: Staffing is in place to meet the assessed needs of the residents and allocation of resident's hours and accounts for a "buffer" in line with the SOP of the center. Recruitment will be undertaken should there be a change in staff numbers through staff resignations. If the assessed needs of the resident change then staffing will be increased or decreased in line with their needs.	

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	22/06/2021