



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

## Issued by the Chief Inspector

Name of designated centre:	Taliesin House & Log Cabins
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Laois
Type of inspection:	Short Notice Announced
Date of inspection:	27 May 2021
Centre ID:	OSV-0003383
Fieldwork ID:	MON-0024936

## About the designated centre

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

This is a service comprising two houses, a singular occupancy apartment and six singular occupancy log cabins providing care and support to 13 adults (both male and female) with disabilities. The centre is located on its own private grounds in the mid-lands and in close proximity to towns and villages. The centre provides care and support to the residents on full time basis. There is a full-time person in charge managing the day-to-day operations of the centre and she is supported by a team leader, two deputy team leaders and a team of social care workers and assistant social care workers. Residents are supported to pursue social activities and learning opportunities of their choosing and are encouraged to develop and learn new skills. They have access to their local community and are supported to frequent local amenities such as shops, colleges, shopping centres, cafes, hotels, hairdressers and barbers. All residents have access to a range of allied health care professionals to include GP services.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	12
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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 27 May 2021	09:30hrs to 16:00hrs	Sinead Whitely	Lead

## What residents told us and what inspectors observed

The inspector had the opportunity to meet with 8 residents on the day of inspection. All residents used verbal methods to communicate their thoughts. The inspector also reviewed documents and spoke with staff members to determine the residents experiences in the centre.

The inspection took place during the COVID -19 lockdown period 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. Adherence to public health guidance was maintained at all times.

The premises was homely and well maintained. The centre comprised of two houses, a singular occupancy apartment and six singular occupancy log cabins where six residents lived. All cabins had two bedrooms, bathroom and kitchen/living area. Laundry facilities were provided in a separate building. There were large garden areas surrounding the houses. Residents had all personalised their cabins to suit their preferences. One resident commented that they loved having their own cabin, as it provided them with their own space and privacy. The inspector observed a trampoline in the garden and a staff member spoke to the inspector about some projects they are working on with residents like gardening and growing vegetables and there was a greenhouse on the property to support this.

Residents all appeared to have individualised daily planners and activity schedules. The inspector observed signs on the notice board in the main house which advertised jiving classes and zumba classes. The person in charge reported that some residents enjoyed partaking in these. Details of advocacy services, complaints procedures, fire evacuation procedures and COVID19 precautions were also prominently displayed. A number of resident, discussed the activities they enjoyed daily with the inspector. One resident spoke about books they enjoyed reading, another resident discussed how much they enjoyed horse riding and communicated they were looking forward to returning to this. One resident showed the inspector their bedroom, where they had their guitar and told the inspector that they loved rock music. Another resident had a part time job and had recently completed courses in maths and English. The inspector observed one resident painting a picture, and when asked, they communicated that they had a keen interest in astronomy.

Eight residents completed satisfaction questionnaires prior to the inspection day and the inspector reviewed these. Overall, residents reported high levels of satisfaction with the service provided in areas including the premises, staffing, activities and food. One resident reported that "everything is warm and welcoming" and another communicated that they like the view in the centre. One resident commented that they would like some more garden furniture. The provider had completed their own

satisfaction questionnaires with residents recently and these were used to inform the service annual review.

There were appropriate staffing levels in place to support residents. The staff team comprised of social care workers and assistant support workers. There were a range of oversight mechanisms in place to monitor the quality and safety of care in the centre. Management were regularly attending the centre, speaking with residents and staff, and completing audits and checks on the quality of care and support. One resident, when speaking one to one with the inspector, communicated that they really appreciated the support from staff during the COVID19 lockdown period. The resident also communicated that they felt staff had too much paperwork at times.

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. Overall, high levels of compliance with the regulations was observed in the designated centre on the day of inspection.

## Capacity and capability

The inspector found that the registered provider, Nua Healthcare Services Ltd, had the capacity and capability to adequately resource the centre and provide a safe residential service to the residents living in Taliesan House and log cabins. Overall, the centre was operating with high levels of compliance with the regulations. The purpose of the inspection was to inform a registration renewal decision, and the provider had furnished all prescribed registration information within the time lines required by the chief inspector.

There was a clear management structure in place and a regular management presence in the centre. The inspector observed evidence that the service provided was regularly audited and reviewed and the registered provider had ensured that actions identified during the centres most previous inspection had been fully addressed. There were appropriate staffing levels and skill mixes in place to meet the needs of the residents and residents had access to further multi-disciplinary support within the organisation when required.

Documentation reviews and observation of care practices found that staff were working safely and in line with service policies, while respecting residents choices. Complaints were treated in a serious and timely manner and residents appeared happy and safe living in the centre.

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

The provider had submitted an application to renew the registration of the designated centre and had submitted all prescribed information within the required time lines.

Judgment: Compliant

### Regulation 15: Staffing

There were appropriate staffing levels and skill mixes in place to meet the assessed needs of the residents living in the designated centre at all times. A staff rota was maintained and this reflected staff on duty during the day and night and used a color code system to clearly identify staff shifts.

The staff team comprised of social care workers and assistant support workers. Staff spoken with, appeared familiar with the residents individual needs and preferences and their role in the designated centre. Staff team meetings were held regularly, and there was a standing agenda where issues such as risk, safeguarding and residents needs were discussed.

Judgment: Compliant

### Regulation 16: Training and staff development

Training was provided in areas including medication management, fire safety, manual handling, behaviour management, safeguarding, food hygiene, hand hygiene, first aid, intimate care, autism and personal protective equipment (PPE). All training and refresher training was up-to-date on the day of inspection.

Staff were completing regular one to one formal supervisions with line managers. Formal professional debriefs were completed with staff members when performance issues were identified. The person in charge and deputy team leaders had a regular presence in the centre and were supervising staff on the floor daily.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clear management structure in place and lines of accountability. There was a person in charge and two full time deputy team leader in place. The person in charge shared their role with one other designated centre and systems were in place to ensure oversight of both centres. Residents spoken with were familiar with the

person in charge and knew who to speak with if they had a concern.

Management were regularly attending the centre, speaking with residents and staff, and completing audits and checks on the quality of care and support. A six monthly unannounced inspection had recently been completed on behalf of the provider. This reviewed the centres compliance levels with the regulations. There was clear evidence provided on how judgements were reached and a clear action plan in place to address any issues identified. An annual review of the care and support had also been completed.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that any incidents required to be notified to the chief inspector had been submitted in a timely manner including any use of restrictive practices and adverse incidents including injuries and safeguarding concerns.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a clear and accessible complaints procedure in place. The inspector observed the complaints procedure and details of advocacy services prominently displayed in the centre.

There were no open complaints on the day of inspection. And there were no complaints communicated with the inspector, one resident commented that they would like some more garden furniture.

Judgment: Compliant

## Quality and safety

The registered provider had ensured that care and support was delivered to residents in a safe manner and that the quality of the service provided was closely monitored, with regular audits and reviews taking place. Residents' support needs were assessed on an ongoing basis and there were measures in place to ensure that residents' needs were identified and met. Overall it was found that the centre had



the resources to meet residents' needs.

The inspector reviewed a number of key areas to determine the quality and safety of the care provided. This included a review of residents personal plans, infection control measures, risk management documentation, the premises, and fire safety documentation.

In general, it was found that there were systems in place to assess and mitigate risks, including fire safety risks, infection control risks and safeguarding risks. Regular staff training was provided in these areas and staff spoken with, were aware of potential risks and appeared competent to mitigate and manage them.

The premises was well maintained and any maintenance issues appeared to be recognised and addressed in a timely manner. Residents were well supported to engage in meaningful individualised daily planners and activities. Overall, the service provided appeared to be operated in a manner that was safe and that respected the residents choice and preferences.

### Regulation 17: Premises

The premises was homely and well maintained. The centre comprised of two houses, a singular occupancy apartment and six singular occupancy log cabins where six residents lived. All cabins had two bedrooms, bathroom and kitchen/living area. Laundry facilities were provided in a separate shed. There were large garden areas surrounding the houses.

The registered provider had ensured the provision of all matters set out in Schedule 6, including social, recreational, dining and private spaces for residents.

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 risks in the designated centre. Measures and plans were identified for in the event of adverse incidents in the centre. Residents all had individualised risk management plans in place. These considered potential risks to residents secondary to COVID-19 including illness and social isolation. It was evidenced that residents were encouraged and supported to engage in positive risk taking at times.

There was a centre risk register in place which was a clear record of all potential and actual risks associated with smoking, falls, nutrition and access to sharps. Rationale for the use of restrictive practices was clearly identified in risk

assessments. The multi-disciplinary team was consulted with, when clinical risks arose.

Judgment: Compliant

### Regulation 27: Protection against infection

The centre was visibly clean on arrival. The provider, staff and residents had implemented systems for the management of the COVID-19 pandemic including enhanced cleaning schedules, symptom checking and comprehensive contingency planning for in the event of an outbreak. Hand washing facilities and alcohol gels were noted around the centre and all staff were observed wearing personal protective equipment (PPE) in line with national guidance for residential care facilities. A COVID-19 vaccine program was being rolled out among staff and residents. PPE stocks were being audited daily by staff.

Staff had completed training in infection prevention and control and hand hygiene and up-to-date guidance was available to staff regarding COVID-19. Individualised care plans and risk assessments had been devised for residents to support them with COVID-19. Signage regarding COVID-19 and infection control measures in place were noted around the centre.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had ensured that systems had been implemented to promote fire safety in the designated centre.

All residents had personal emergency evacuation plans in place which assessed their levels of capacity regarding fire safety, their mobility levels and the support required in the event of a fire. These were subject to regular review. External fire specialists serviced fire fighting equipment regularly and certification was provided as evidence of this. The inspector

observed adequate containment systems, detection systems and emergency lighting and evacuation routes and plans prominently displayed.

Fire evacuation drills were being completed regularly and these simulated both day and night time conditions.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

All residents had comprehensive assessments of need and personal plans in place which were subject to regular review. There was a key-working system in place and key workers were responsible for the maintenance of residents plans and for ensuring that documentation was reflecting the residents most current needs. Personal plans considered all aspects of care and support, including the residents circle of support, environment, spiritual needs, health and wellness, medications, independent living skills, money management, behaviours that challenge and personal goals.

Residents were continuously working towards achieving their personal goals. Goals often included supporting the development of independent living skills. One resident was learning how to cook and was also working on managing their money and paying their bills independently.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Residents had behavioural support plans in place when required and had access to multi-disciplinary professionals to support them to manage their behaviours. All staff had received training in behaviour management and there was rationale evidenced for the use of any restrictive practices in place in the centre.

Judgment: Compliant

## Regulation 8: Protection

Residents were safeguarded in the centre. All staff had received up-to-date training in the safeguarding and protection of vulnerable adults. Residents living in the centre appeared to be a compatible group of adults. All residents had intimate care plans in place which were regularly reviewed.

One resident disclosed a retrospective safeguarding concern with the inspector on the day of inspection. The inspector disclosed this with the person in charge immediately and was satisfied that this was appropriately investigated, notified and managed in line with company and national safeguarding policy. The resident was safeguarded on the day of inspection.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents appeared to have choice and control in their daily lives. Key working sessions were held regularly where issues such as safeguarding, residents rights and complaints were discussed. One resident communicated that they continue to be actively involved in the organisations residents forum. Residents were regularly consulted about the service provided, with regular residents meetings being held and residents were also regularly invited to complete satisfaction questionnaires to determine their levels of satisfaction with the service provided.

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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
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
Regulation 9: Residents' rights	Compliant