



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

Issued by the Chief Inspector

Name of designated centre:	The Fairways
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Offaly
Type of inspection:	Short Notice Announced
Date of inspection:	02 July 2021
Centre ID:	OSV-0003389
Fieldwork ID:	MON-0033191

About the designated centre

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

The Fairways is a residential service located in Co. Offaly that can provide services for to up to eight people over the age of 18 of both genders who require support and supervision on a 24/7 basis. The centre provides support and care for adults with an intellectual disability. Service users may also present with autism, a mental health diagnosis and behavioural needs. The centre is supported by a person in charge, a team leader, two deputy team leaders, social care professionals and assistant support workers. The centre comprises a large detached two-storey dwelling, in rural setting. Each resident has their own en-suite bedroom and communal facilities include a kitchen/dining room, a sitting room, a relaxation room and rooms provided for staff offices and sleep over facilities. Local amenities include cafes, a service station, a gym and parks.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	8
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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
Friday 2 July 2021	09:30hrs to 17:30hrs	Sinead Whitely	Lead
Friday 2 July 2021	09:30hrs to 17:30hrs	Leslie Alcock	Support

What residents told us and what inspectors observed

Inspectors met with five residents on the day of the inspection. One resident was not currently staying in the centre and two residents arrived back to the centre as the inspectors were leaving. The profile of all residents living in the centre on the day was young adults. Inspectors gathered the residents views of the service provided through speaking with residents, observing where they lived, observing care practices, speaking with staff and reviewing residents documentation.

The inspection took place during the COVID-19 pandemic and therefore appropriate infection control measures were taken by the inspectors and staff to ensure adherence to COVID-19 guidance for residential care facilities including wearing personal protective equipment (PPE) and maintaining a two metre distance at all times during the inspection day. Adherence to public health guidance was maintained at all times.

In general, the inspectors found that the residents appeared content, relaxed and comfortable living in the centre. Despite COVID-19 restrictions, residents continued to enjoy personalised and varied activation schedules. During the walk through, the inspectors observed residents outside enjoying table top activities with staff, playing football and two residents sitting talking with each other and staff. The inspectors observed respectful and meaningful interactions between staff and residents during the day. The staff were familiar with the residents and their needs.

The centre was a large house located a distance from the town. The centre was separated into two parts and the residents living in each part of the house appeared compatible living together. All residents had their own bedroom and one resident had their own apartment. The resident's bedrooms were personalised to suit their preferences and had space to store their personal belongings. The house had large communal areas and a large garden where the inspectors observed residents relaxing at a picnic table.

Residents were supported to stay in contact with their families through regular phone calls and visits with family members. Residents were encouraged and supported to engage in community activities, social, educational and work experience opportunities which were meaningful to them and were in accordance with their assessed capacity, interests and long-term goals.

In summary, based on what the resident's communicated with the inspectors and what was observed, it was evident that the resident's received a good quality of care and support. The next two sections of this report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the safety and quality of the service being provided.

Capacity and capability

Overall, the inspectors found high levels of compliance. The registered provider had ensured the designated centre and provision of care and support was in line with resident's needs and individual preferences.

The person in charge (PIC) had a full time position and their time was fully protected for this role. The person in charge was supported by a team leader and two deputy team leaders. The team leaders' time was also fully protected to support the person in charge. A member of management was present in the centre seven days a week. There was also a local director of operations in place whom the person in charge reported to on a regular basis. The Director of Operations also demonstrated good oversight of the centre and had a regular presence.

There was an effective governance system in place ensuring a good quality service was being provided. Regular audits and reviews of the service being provided were taking place. An annual review of the care and support provided had been completed and appropriate actions had been identified and addressed. In general, any adverse incidents required to be notified to the Office of the Chief Inspector, were submitted within the required time frames. This included any peer to peer incidents, or allegations and restrictive practices.

There were appropriate staffing numbers and skill mixes in place to meet the assessed needs of the residents living in the designated centre. The staff team comprised of a mix of social care workers and care assistants. There was a clear staff rota in place that accurately reflected staff on duty. Staff spoken with were familiar with their role in the designated centre and were satisfied with the level of staff support in place. All staff had access to appropriate training, including refresher training, as part of a continuous professional development program, including a comprehensive induction training programme to new staff. There was regular formal and informal supervision and support provided to individual staff.

Regulation 15: Staffing

The staff rota was reflective of the staff on duty and there was appropriate levels to meet the needs of residents. There was a clear staff rota with an appropriate skill mix. All schedule 2 documents were in place such as Garda vetting, employment history and references. Positive interactions between staff and residents were observed and staff were familiar with the individual resident's assessed needs.

Judgment: Compliant

Regulation 16: Training and staff development

Training was provided in line with the assessed needs of the residents. All mandatory training was up to date. There was regular formal and informal supervision and support provided to individual staff. A comprehensive staff induction programme was provided to new staff which involved training prior to starting in the centre, shadowing experienced staff and ongoing practical support on the floor when required.

Judgment: Compliant

Regulation 23: Governance and management

There was a defined governance structure in place. The provider had carried out regular quality assurance audits including an annual review of the care and support in the centre and six monthly unannounced visits as required by the regulations. The provider self identified areas of improvements and addressed them appropriately. The team leader and deputy team leaders who report to the person in charge, complete their own regular audits and checks and also have good oversight of the organisation. The person in charge was responsible for the designated centre and reports to the director of operations who also demonstrated good oversight of the centre and had a regular presence. Actions from previous inspections were also addressed appropriately.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents and accidents occurring in the centre were appropriately notified to the Chief Inspector as required by Regulation 31.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that the centre provided a service in which the residents were safe, happy and kept actively engaged with meaningful opportunities for recreation, education and personal development goals. The resident's support

was guided by assessments and personal plans, with which residents were facilitated and encouraged to access and discuss with their respective key-workers. Residents were supported in a safe and comfortable home environment which was tailored to their preferences and support needs.

The inspectors reviewed a sample of resident's personal care plans which included comprehensive assessment of need and highly personalised and evidence-based plans in place, which were subject to regular review. These plans included how best to support residents with areas including personal care, nutrition, health and social needs. There was evidence of residents' involvement in the development of said plans in line with their communication needs. The personal plans included action plans with realistic, measurable goals, and progress on these was regularly discussed, reviewed and adjusted where appropriate.

Support plans were developed when required for supporting residents with specific healthcare needs. The resident's had access to and regular input from multi-disciplinary services including behavioural therapists, general practitioners and dentists as required. Plans were in place to support residents who exhibited behaviour which may carry risk for themselves or others. Restrictive practices were regularly reviewed and the provider was assured regarding the rationale and suitability of the restrictive practices assessed as necessary for the relevant risk. The inspectors found that the provider endeavoured to reduce the use of restrictive practices where appropriate and practicable and noted a recent reduction of a restrictive practice. The inspectors found that the reasons for the use of restrictive practices were explained to residents during their key working sessions with staff.

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. Risks were managed and reviewed through centre specific risk register and individual risk assessments. The risk register outlined the controls in place to mitigate the risks.

The house was suitably designed and equipped to support the residents. Rooms were personalised with photos, artwork and as much or as little personal decoration as each resident wished to have. The premises was clean, in a good state of maintenance, and equipped to reduce infection control risk. The centre had suitable fire safety equipment in place, including emergency lighting, detection systems and fire extinguishers which were serviced as required. The residents had personal emergency evacuation plans (PEEP) in place which guided the staff team in supporting the residents to evacuate. There was evidence of regular fire evacuation drills taking place in the centre. . On the day of the inspection, the inspectors noted an issue with the emergency lighting which was addressed on the day of the inspection.

Regulation 17: Premises

Overall, the inspectors found that the centre was designed and laid out to meet the assessed needs of the residents. There was adequate private and communal space

for residents and that the physical environment was clean. The centre meets all the requirements set out in schedule 6.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review of risks in the designated centre. There were centre specific environmental and individual risk assessments in place and had been recently reviewed. There was a record of incidents and accidents which were assessed and responded to appropriately. The inspectors found that the use of restrictive practices was regularly assessed and reviewed with consideration given to the rationale for use of the various restrictive practice methods. The health and safety of residents visitors and staff were promoted and protected.

Judgment: Compliant

Regulation 27: Protection against infection

There were suitable procedures in place for the prevention and control of infection which were in line with national guidance for the management of COVID-19 in residential care facilities. A COVID-19 preparedness and service planning response plan was in place which was in line with the national guidance. The centre designated a room specifically for donning and doffing PPE, hand washing facilities including alcohol gels were noted around the designated centre and the staff also conducted regular temperature checks. Staff training was provided and up to date and risk assessments specific to the management of Covid-19 were in place.

Judgment: Compliant

Regulation 28: Fire precautions

Fire safety measures were noted around the designated centre including fire fighting equipment, emergency lighting, detection systems and appropriate containment measures. Staff training was up to date and all residents had personal emergency evacuation plans (PEEPs) in place which were subject to regular review. Staff and residents were completing regular checks and fire evacuation drills which simulated both day and night time conditions and were carried out in an efficient manner. On the day of the inspection, the inspectors noted an issue with the emergency lighting

which was addressed on the day of the inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

All residents had a comprehensive assessment of need and personal plan in place, and these were subject to regular review. These included how best to support residents with areas including personal care, nutrition and social needs. Residents all had individual goals in place with time lines for actions to be completed to progress their personal goals. There was a key working system in place. Plans were also in place to support residents with behaviours that challenge, when required.

Judgment: Compliant

Regulation 6: Health care

All residents had specific healthcare management plans in place to ensure their healthcare needs were met. There was evidence that all the residents had access to their General Practitioner and were supported to attend medical appointments. The Inspectors noted the residents had access to and input from multi-disciplinary team services such as behavioural therapists and dentists as required.

Judgment: Compliant

Regulation 7: Positive behavioural support

The residents had behavioural management plans in place with regular access to and input from multi-disciplinary services. There was a clear rationale for use of restrictive practices and there was a very clear restrictive practice register in place which was subject to regular review. The inspectors found that the provider endeavoured to reduce the use of restrictive practices where appropriate and practicable and noted a recent reduction of a restrictive practice. The inspectors found that the reasons for the use of restrictive practices were explained to residents during their key working sessions with staff.

Judgment: Compliant

Regulation 8: Protection

The inspectors found that preliminary screening was completed for and any safeguarding incidents were treated very seriously in line with the national policy. All staff completed safeguarding training. Intimate care plans are in place to support residents personal care when required.

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	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	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 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant