



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

Issued by the Chief Inspector

Name of designated centre:	Cara House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	21 April 2022
Centre ID:	OSV-0005199
Fieldwork ID:	MON-0034256

About the designated centre

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

This designated centre is operated by Nua Healthcare Services Ltd. The centre can provide residential care for up to six male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one two-storey house, located a few kilometres from a village in Co.Laois. Residents have their own en-suite bedroom, shared bathroom and communal use of a kitchen and dining area, two sitting rooms, utility and staff office. A large rear and front garden is also available for residents to use as they wished. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 21 April 2022	09:55hrs to 14:45hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was a centre that was very much resident-led, whereby, the provider, management and staff were considerate of the needs, wishes and personal preferences of the residents who lived there. Over the course of this inspection, the inspector met with three residents and with the team leader and person in charge, who facilitated the inspection. Overall, the inspector found there was a very pleasant and casual atmosphere in this centre, with residents coming and going from various outings over the course of the day.

This centre comprised of one two-storey house located in a rural setting close to a village in Co. Laois. Here, residents had their own en-suite bedroom, shared bathroom and communal use of a kitchen and dining area, two sitting rooms, utility and there was also an office available for staff use. A large and well-maintained garden area was available to residents to the front and rear of the centre. The rear garden provided residents with a safe and secure area to relax in, with a designated smoking area available to residents who wished to smoke and ample seating for them to use, as they wished. The centre was spacious, well-maintained, warm and tastefully decorated. There were many homely aspects to this centre, with residents freely coming and going from the communal areas, giving for a warmth and friendliness to the interactions that the inspector observed between staff and residents. The layout and design of this centre was very much an integral part of supporting these residents to live comfortably. For instance, the provision of two sitting rooms coupled with residents having their own bedroom, meant that these residents could relax in the company of, or independent of their peers, if they so wished.

Upon the inspector's arrival, she was greeted by a staff member, one of the residents and by the team leader. This resident was getting ready to leave the centre with the support of a staff member. Later that day, upon this resident's return, they spoke directly with the inspector about the care and support that they receive. This resident told the inspector that they had lived in the centre for a number of years and were very happy living there. They had just returned from a shopping trip with staff and said that they planned to spend their evening pet sitting, which was something they did on a regular basis and enjoyed doing. This resident brought the inspector down to their bedroom, where they proudly showed off a feature wallpapered wall and spoke of their plans to also add a mural to another wall. They told the inspector they liked spending recreational time in their bedroom, as here, they had their own television, multiple channels, games and DVDs. Their bedroom was decorated in accordance their own preference, with many photographs and soft furnishings displayed on shelves. This resident held responsibility for their own medicines and showed the inspector the locked safe in which they securely stored their medicines in. This resident spoke positively about how they enjoyed taking responsibility for this aspect of care and said that staff had supported them in getting to know their medicines and of how to administer them

correctly.

The inspector had the opportunity to meet with another resident, who was also preparing to head out with staff for the afternoon. They also were planning to go shopping and told the inspector that they also had a nail appointment scheduled for that afternoon. Multiple photographs were displayed on a notice board in the kitchen and this resident told the inspector that these were taken during a fun-day that was previously held at the centre. They showed the inspector photographs of dogs that visited the centre and also showed off wooden labelled proverbs that were nicely displayed on in the main hallway. This resident took part in an egg-hunt over the Easter period and said that they had really enjoyed it. Towards the close of the inspection, the inspector met with briefly with a third resident, who was baking with staff in the kitchen.

Both the person in charge and team leader spoke of how well these residents interacted with each other. Although a low impact safeguarding incident had recently occurred between two of these residents, the safeguarding plan that was put in place had proved effective in ensuring no further incident of a similar nature had occurred. Safeguarding of these residents was very much promoted in this centre and where staff had any concerns regarding the safety and welfare of these residents, it was quickly reported and responded to.

The adequacy of this centre's staffing and transport arrangements was paramount to the quality of social care that these residents experienced. These residents were young adults, led very active lifestyles and had many interests, inside and outside of the centre. Due to the rural location of this centre, the provider had ensured the service was resourced with sufficient transport to allow for these residents to come and go from the centre, as they wished. In addition to this, each resident required a one-to-one staff ratio in response to their social care needs, and this was consistently provided to them. Both the person in charge and team leader spoke at length with the inspector about the care and support needs of these residents and of the specific staff supports that were in place for them. Of the interactions between staff and residents observed by the inspector, these were found to be kind, friendly and pleasant.

The findings of this inspection will now be discussed in the next two sections of this report.

Capacity and capability

This was an unannounced inspection to monitor the provider's compliance with the regulations. Overall, this was found to be a well-run and well-managed centre that ensured residents received a safe and good quality service. The provider was found to be in compliance with most of the regulations inspected against, with some improvement required to aspects of risk management.

The person in charge held a full-time role and was regularly present at the centre to meet with the residents and with her staff team. She was supported in her role by deputy team leaders, a team leader, her staff team and line manager. She was responsible for another designated centre operated by this provider and current governance and management arrangements gave her the capacity to ensure that this centre was effectively managed.

This centre's staffing arrangement was subject to very regular review, ensuring that a suitable number and skill-mix of staff were at all times on duty. The provider had assessed each resident to determine the level of staff support that they required and a review of the roster completed by the inspector, demonstrated that each resident was receiving the level of staff support that they were assessed as requiring. For example, residents in this centre were assessed as requiring a one-to-one staffing ratio, primarily in direct response to their social care needs. Through the on-going review of this centre's staffing arrangement by the person in charge and her management team, they had ensured that residents consistently received this level of staff support, meaning they had access to the staff support that they required to access their local community and to engage in their preferred activities, as and when they wished. Overall, the continuity of care in this centre was an important aspect of this service that the provider strived to maintain for all residents and done so by ensuring residents were at all times supported by staff who knew them very well.

The provider had ensured this centre was adequately resourced in terms of equipment, staffing and transport. Effective internal communication systems were in place, whereby, the person in charge held regular meetings with her staff team to discuss residents' care and support arrangements. She maintained regular contact with her line manager to review operational related matters also also attended regular management team meetings. To support the oversight arrangements for this centre, the person in charge prepared weekly governance reports which were submitted to the senior management team for review. In the weeks prior to this inspection, the provider had completed a six monthly provider-led visit in this centre, which identified some areas for improvement that were required. The inspector reviewed this report and found it was effective in reviewing the quality and safety of specific areas relevant to this service. For example, as part of this inspection, the inspector observed where some improvements were required to residents' personal evacuation plans and these improvements were also identified by the provider through their own monitoring systems. At the time of this inspection, a time bound action plan had been put in place and the person in charge was in the process of addressing these areas.

Regulation 14: Persons in charge

The person in charge held a full-time role and was regularly at the centre to meet with residents and with her staff team. She had good knowledge of the residents' needs and of the operational needs of the service delivered to them. She had

responsibility for another centre operated by this provider and current governance and management arrangements gave her the capacity to ensure this centre was effectively managed.

Judgment: Compliant

Regulation 15: Staffing

This centre's staffing arrangement was subject to regular review to ensure a suitable number and skill-mix of staff were at all times available to meet the assessed needs of residents. For example, where residents were assessed as requiring one-to-one staff support, the provider had ensured that this was consistently available to them. Continuity of care was promoted in this centre, with many staff members having supported these residents for quite some time. This meant that residents were at all times supported by staff who knew them and their assessed needs very well.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced in terms of equipment, staffing and transport. Effective internal communication systems were in place, ensuring all staff were maintained aware of any changes occurring within the organisation. Six monthly provider-led audits were also occurring in line with the requirements of the regulations and where improvements were identified, time bound action plans were put in place to address these. For example, the most recent provider-led visit identified specific improvements required within this centre and the person in charge was in the process of addressing these areas.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had an incident reporting system in place and had ensured all incidents were notified to the Chief Inspector of Social Services, as and when required by the regulations.

Judgment: Compliant

Quality and safety

This was a centre that provided residents with an individualised service, ensuring they were supported and encouraged to live their lives as they wished.

A key-worker system was in place, whereby, staff were allocated with responsibility for ensuring residents' needs were assessed for, as and when required. Also, this system ensured that personal plans were developed and updated, in accordance with any changes to residents' care and support needs. Personal goal setting was an important aspect these residents' social care and staff ensured residents were fully involved in the identification of their own personal goals and were proactive in supporting residents to achieve these. Although these residents didn't have specific health care needs, the provider had adequate arrangements in place, should these residents require access to allied health care professionals.

Some of these residents required behavioural support and the provider had ensured adequate arrangements were in place to support them with this aspect of their care. Staff were very proactive in identifying where some residents may need additional behavioural support and sought multi-disciplinary input, as and when required. For instance, in the weeks prior to this inspection, staff observed an increase in behavioural related incidents occurring for one particular resident and following a recent multi-disciplinary review, staff were in the process of implementing new interventions and had plans were in place to review the overall effectiveness of these measures over the course of the next few weeks. Furthermore, some residents living in this centre experienced times throughout the year where they required increased behavioural support. Staff who spoke with the inspector were very clear as to the observational assessments they carried out each day with these residents, to identify when they may require this increased support.

Where restrictive practices were in use, arrangements were in place to ensure that these were subject to regular multi-disciplinary review. In the application of these, due consideration was given to ensure restrictions did not impact the residents that the restrictions were not intended for. For instance, there was a key coded access from the front to the rear garden, in response to risk identified for some residents. However, for the residents who did not require this restriction, the provider had ensured they were given the code and educated on how to use it, meaning they could still freely access the front and rear garden, as they wished.

The provider had a system in place for the identification, response and monitoring of risk in this centre. However, the inspector did observe where some improvement was required to aspects of risk assessment. For example, where the risk of absconion was identified for one resident, further review of supporting the risk assessment was required to ensure this assessment clearly set out the specific measures that the provider had in place to maintain the safety of this resident. Although staff were aware of the action to take, should the resident abscond while out in the community, the inspector found supporting protocols would benefit from additional review to provide clarity on how staff were to immediately respond,

should this occur.

The provider had fire safety precautions in place, including, fire detection and containment arrangements, emergency lighting was available throughout the centre and staff conducted regular fire safety checks. Fire drills were regularly occurring and records of these which were reviewed by the inspector, demonstrated that staff could support all residents to evacuate the centre in a timely manner. Upon review of the fire procedure, the inspector observed it would benefit from additional review to afford better clarity on the specific response required by staff, should a fire occur at the centre. This was brought to the attention of the person in charge and team leader, who rectified this by close of the inspection. Personal evacuation plans were available for each resident and the inspector observed that a further review of these were required to give due consideration to upstairs fire evacuation arrangements and guidance on what to do, should a resident refuse to evacuate. The requirement for the revision of these documents was already identified by the provider in the most recent provider-led visit of the centre and the person in charge told the inspector that due consideration would be given to include this information in addressing this action.

One resident had responsibility for their own medicines and the provider had put adequate arrangements in place to ensure the resident could safely do so. In addition to this, the capacity assessments were revised on a regular basis and, to date, the person in charge informed the inspector that no self-medicating related incident had occurred.

Regulation 17: Premises

The design and layout of this centre was appropriate to meet the needs and preferences of these residents. Residents had their own bedroom and had access to communally used rooms within the centre. A well-maintained and secure garden area was also available to them to use, as they wished. Overall, the centre was well-maintained, clean, comfortably furnished and provided residents with a homely environment to live in.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a system in place for the identification, response and monitoring of risk in this centre. The timely identification of risk in this centre was largely attributed to the regular presence of management, effectiveness of internal communication systems and to the centre's incident reporting system. However, some improvement was required to aspects of the assessment of risk. For example,

where the risk of absconsion was identified, a review of supporting risk assessments and protocols was required to ensure these gave better clarity on the measures and responses that the provider had put in place to mitigate against this risk.

Judgment: Substantially compliant

Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider had put a number of measures in place to maintain the safety and welfare of all residents and staff. Regular temperature and symptom checks were occurring, staff had wore appropriate PPE when supporting residents and infection prevention and control measures were regularly discussed with all staff and residents. Contingency plans were in place and staff were aware of what to do, should a resident become symptomatic of COVID-19 and also, should the centre experience reduced staffing levels in the event of an outbreak.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety systems in place, including, fire detection and containment arrangements, emergency lighting and regular fire safety checks were conducted by staff. A waking staff member was on duty each night, which meant that should a fire occur, staff were available to quickly respond. Fire drill records demonstrated that staff could support these residents to evacuate the centre in a timely manner. Each resident had a personal evacuation plan and these were in the process of further review at the time of this inspection, to ensure clarity was given on specific aspects of residents' evacuation arrangements. Of the staff that the inspector met with, they were very clear on their role in responding to fire in this centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Where residents wished to take responsibility for their own medicines, the provider had put measures in place to ensure these residents were supported to safely do so. For example, for one resident who was taking responsibility for their own medicines, staff had educated them and support them in this process. Furthermore, a secure

storage arrangement was provided in this resident's bedroom for their medicines and this resident told the inspector that they were happy to be involved in this aspect of their care.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Robust systems were in place to ensure residents' needs were regularly assessed for and that personal plans were in place to guide staff on how to support residents with their needs. For example, where changes had occurred to residents' assessed needs, there was clear evidence that residents' needs were re-assessed and the personal plans were updated accordingly. Personal goal setting was done with all residents and the oversight of this was supported by the centre's key-worker system.

Judgment: Compliant

Regulation 6: Health care

Although residents' assessed health care needs were minimal in this centre, where residents required health care interventions, the provider had ensured that these residents had access to a wide range of allied health care professionals, as and when required. Staff were aware of these arrangements and were supported by the system that the provider had in place to ensure residents' had access to the care and supports that they may require.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required behaviour support, the provider had ensured that these residents received the care and support that they required. For example, supporting documentation was in place to guide staff on what behaviours residents may present with and of the proactive and reactive strategies to be implemented, as and when required. Furthermore, where residents required increased behavioural support from time to time, clear plans were in place to guide staff on the triggers and change in behaviours that they were to observe for, and these plans also guided them on what to do, should these observational assessments indicate further behavioural support interventions may be required by these residents. Some

restrictions were in use in this centre and a system was in place to ensure these were subject to regular multi-disciplinary review.

Judgment: Compliant

Regulation 8: Protection

The provider had a system in place to support staff in the identification, response, reporting and monitoring of any concerns relating to the safety and welfare of residents. Clear guidance was available to staff to guide them on what to do, should a safeguarding incident occur in this centre. Where safeguarding incidents had occurred, these were promptly responded to and clear safeguarding plans were in place to guide staff on how best to safeguard these residents from similar incidents re-occurring.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	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	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Cara House OSV-0005199

Inspection ID: MON-0034256

Date of inspection: 21/04/2022

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 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: PIC to complete a full review on Individual Risk Management plans to ensure all control measures are clear and concise to mitigate risks. (10.05.2022)	

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 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	10/05/2022