



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

## Issued by the Chief Inspector

Name of designated centre:	The Towers
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Cork
Type of inspection:	Announced
Date of inspection:	26 October 2023
Centre ID:	OSV-0005420
Fieldwork ID:	MON-0032590

## About the designated centre

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

The designated centre is located in a rural setting. It consists of a main dormer style house that is divided into three independent living areas and a separate building located to the side of the main house, set up as one living area. In the main house, two areas are at ground floor level and one is on the first floor. The service provides long stay placements for adults with complex needs who require significant support for intellectual disability, acquired brain injury, autism or mental health issues. Within the main house, each independent living area comprises of a living room, kitchenette / dining area and bedroom en-suite. The ground floor also accommodates a staff office, a staff bathroom and a main kitchen. The first floor contains a staff sleepover room and shower room. The separate building is one living area, providing a residential service to one adult resident. This comprises of a living room / kitchenette, bedroom / en-suite, staff sleepover room and staff shower / toilet room. All ground floor living areas have direct exit to an external patio area and a large garden area. Separate, but part of the designated centre, are a stand alone laundry building and boiler house. The staff team comprised of social care workers and assistant support workers. Residents are supported by staff at all times day and night.

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

Number of residents on the date of inspection:

4

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 26 October 2023	09:10hrs to 17:00hrs	Elaine McKeown	Lead

## What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the Regulations and to inform the decision in relation to renewing the registration of the designated centre. The inspector was introduced to three of the residents at times during the day that suited their individual routines. The fourth resident was observed briefly through a window by the inspector when they were leaving the designated centre with staff support. This resident appeared suddenly at the office window smiling at the staff that were talking with the inspector. Staff explained the resident enjoyed celebrating festive occasions and was wearing some Halloween accessories at the time.

The inspector completed a walk around of the designated centre with the person in charge at times that did not adversely impact the individual routines of the residents. For example, one resident was introduced to the inspector after they had completed their morning routine. The resident stated they were very happy living in their apartment and enjoyed doing art work. Staff were observed to be engaging in a preferred table top activity at the time, which the inspector was informed the resident enjoyed winning regularly. Staff were observed to encourage the resident to speak about recent achievements which included art work that was to be included in the provider's newsletter. In addition, the resident was participating in music therapy regularly. There was a planned music session on the day of the inspection which was cancelled due to circumstances outside of the provider's control but an alternative activity was being offered to the resident in the community. The resident enjoyed regular visits from family to the designated centre. The family dog also visited the secure garden area of the resident's apartment at times. The inspector was informed of a number of activities both in the designated centre and in the community which the resident was increasingly participating in. These included gardening, baking, meal planning, attending day service regularly and community activities such as shopping and going to the hairdressers.

Another resident was introduced to the inspector in the living room of their apartment. The resident was looking forward to purchasing a particular item and was observed smiling when the person in charge asked them about their plans for the day. Staff present explained the importance of a routine for the resident which included meals. For example, if the resident choose not to get up until later in the morning or early afternoon they would be offered their breakfast first. Subsequent meals would then be offered as the day progressed in line with the resident's expressed wishes. For example, on the day of the inspection they were planning on having their lunch out in the community after they had completed their shopping. Staff also outlined known preferences of the resident such as food textures, lighting in the apartment and seating such as a gaming chair. The resident had an interest in music and films and this was evident in their personal possessions stored on open shelving.

The inspector briefly met another resident as they returned from a walk in the local

rural area. The resident was supported by two staff and had completed a three kilometer walk. The resident was dressed appropriately for the weather on the day and staff explained how the expressed wishes of the resident were supported when participating in preferred activities. This included possibly two long walks daily. However, there were sufficient staff resources on duty to facilitate this to be shared among the staff team. This was evident on the day of the inspection. The resident acknowledged the inspector when introduced as they entered their apartment but indicated they wished to continue with their regular routine with staff. The resident lived in an apartment separate from the main house which was surrounded by a secure garden space for their personal use.

The inspector visited some areas of the designated centre when residents were present. However, two apartments were visited when the residents were not present to reduce the risk of causing anxiety for these residents. All of the apartments were decorated to reflect personal interests or wishes. For example, one resident liked soft toys and another had interests in music. Another resident expressed their preference to keep or remove items from their personal space and staff respected and supported these wishes. The resident living in the third apartment had already left for the day before the inspector commenced the walk around. This apartment was decorated in festive accessories which was reflective of the resident's interests. In addition, there were many personal items and posters decorating the walls in the apartment. Some of the posters contained words and phrases in the resident's native language which was not English. These included safeguarding and complaints. The inspector was also informed that the resident was being supported to have in-person sessions twice monthly with an interpreter which were reported to be working well for the resident.

All areas of the designated centre were found to be warm and evident of regular cleaning taking place. Some residents assisted with daily household chores in their apartments. All residents had access to preferred fluids and snacks during the day. For example, one resident was provided with a large flask containing their preferred hot drink. Another resident liked fruit and a variety of fruits were kept in a fridge in their apartment. Staff spoke of individual supports in place regarding the access to the communal kitchen. One resident was being supported by staff to access the communal kitchen with plans to increase this over a phased period. They were supported to prepare meals and engage with staff in areas outside of their apartment in the house if they choose to participate. Another resident had actively begun participating in baking sessions in their apartment at the time of the inspection. This involved putting the ingredients together to the stage of being ready to go into the oven. The items were taken by staff to the communal kitchen where they were baked and brought into the resident's apartment once they were ready. However, the resident was unable to have the sensory input of smelling the recipe as it baked. This was discussed with the staff team during the inspection. Staff members explained that progress to supporting the resident to fully participate in the baking activity was planned and under review at the time of the inspection. However, to ensure staff were able to effectively support the resident who displayed some anxieties at times a detailed and specific risk assessment would be completed to ensure the ongoing safety of the resident

The inspector observed many interactions between the staff team and the residents throughout the inspection that were respectful. For example, seeking consent from residents for the inspector to visit their apartments. All staff were observed to converse and complete activities in a respectful and professional manner while effectively communicating with the residents. In addition, relevant information was provided to the inspector in advance, regarding the rationale for precautions to be taken and the type of specific personal protective equipment (PPE) which was required to be worn by staff when supporting some of the residents. One resident had a sensitivity to noise in their environment and used ear defenders to help them cope with this issue. The information was consistently imparted in a professional manner.

Staff also outlined how two residents were supported to spend time together to celebrate events such as birthdays. This was described as a positive activity for both of the residents to enjoy time with a peer with staff supports. Plans for one such celebration were underway for the weekend after this inspection. The inspector also reviewed questionnaires that had been completed by some of the residents. These reflected the positive experiences that the residents frequently engaged in which included going to the cinema, bowling, visits from family members and walking in the local area. In addition, residents were happy with their environment, personal living spaces and the support of familiar staff.

The next two sections of this report will 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 quality and safety of the service being provided.

## Capacity and capability

Overall, this inspection found that residents were in receipt of good quality care and support. This resulted in good outcomes for residents in relation to their personal goals and the wishes they were expressing regarding how they wanted to live or spend their time in the centre. There was evidence of strong oversight and monitoring in management systems that were effective in ensuring the residents received a good quality and safe service.

The provider had effective systems through which staff were recruited and trained, to ensure they were aware of and competent to carry out their roles and responsibilities in supporting residents in the centre. Residents in this centre were supported by a core team of consistent staff members. During the inspection, the inspector observed kind, caring and respectful interactions between residents and staff. Residents were observed to appear comfortable and content in the presence of staff, and to seek them out for support as required. For example, when leaving the designated centre in a transport vehicle one resident was supported by familiar staff and all questions from the resident were responded to clearly. Another resident

was observed engaging with staff as they paused when returning from their long walk at the entrance of the designated centre. Staff were observed to engage with another resident in their apartment and provide consistent responses to the resident's questions.

In addition, staff took the opportunity to talk with the inspector about residents' interests and talents. For example, one resident who previously enjoyed playing a musical instrument was being supported to attend musical therapy weekly. They spoke about how important it was to them to ensure that residents lived in a comfortable environment where they were happy, safe and engaging in activities they enjoyed. This included scripting music or decorating their personal space with festive decorations and engaging in activities such as pumpkin decorating. The person in charge and staff on duty during the inspection were found to be familiar with residents' care and support needs and motivated to ensure residents were happy and felt safe living and staying in the centre. The person in charge was available to residents and staff both in person or on the phone during the week, and there was an on call manager available in their absence.

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

The provider had ensured an application to renew the registration had been submitted as per regulatory requirements.

Judgment: Compliant

#### Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full-time and they held the necessary skills and qualifications to carry out their role. They demonstrated their ability to effectively manage the designated centre. They were familiar with the assessed needs of the residents and consistently communicated effectively with all parties including, residents and their family representatives, the staff team and management. Their remit was over this designated centre.

They were supported in their role by two members of staff who were shift leaders. Duties were delegated and shared including the staff rota, audits, supervision of staff, review of personal plans and fire safety measures.

Judgment: Compliant



## Regulation 15: Staffing

The provider had ensured there was a consistent staff team in place to deliver person-centred, effective and safe care and support to residents. The inspector found that there were at all times sufficient numbers of staff present with the necessary experience, to meet the needs of the residents who lived in this centre. The inspector met with members of the staff team over the course of the day and found that they were familiar with the residents and their likes, dislikes and preferences.

Judgment: Compliant

## Regulation 16: Training and staff development

Staff in the centre had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in mandatory areas such as fire safety, safeguarding of vulnerable adults, infection prevention and control as well as the management of medicines. In addition, training was provided in areas such as personal and intimate care, food safety and fundamentals in advocacy.

The provider had ensured that staff had access to training that was identified as important for this centre and in line with residents' assessed needs including management of blood pressure, knowledge of autism and Lámh training to support effective communication. In addition, all staff had recently completed an assessment of knowledge regarding the safeguarding of vulnerable persons.

Staff supervision was scheduled in advance and occurring in-line with the provider's policy

Judgment: Compliant

## Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured. A letter of comfort was submitted by the provider from the insurer after the inspection to provide clarification that the building in this designated centre was identified in the current insurance period.

Judgment: Compliant

## Regulation 23: Governance and management

The provider was found to have suitable governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre. There was a clear management structure in place, with staff members reporting to the person in charge who had the support of two shift leads. The person in charge was also supported in their role by a senior manager who fulfilled the role of area manager for the centre. The provider had ensured the designated centre was resourced to provide effective delivery of care and support in accordance with the statement of purpose.

Six monthly unannounced visits had taken place in line with regulatory requirements, where actions were identified and progressed in a timely manner. The provider had carried out an annual review of the quality and safety of resident care in the centre in April 2023. These reviews also included detail on the consultation which had taken place with residents and their representatives. In addition, an easy-to-read version of the annual review was provided to the residents.

There were a number of monitoring systems in place within the centre such as internal health and safety audits, medication reviews, financial reviews, restrictive practice and personal plan audits. Actions were recorded, progress documented for each of these and reviewed regularly to ensure relevant tasks were completed.

Team meetings with staff took place in line with the provider's policy. The minutes of these meetings demonstrated that there was a standing agenda in place which included items such as incidents, results of audits, risk assessments, fire, infection prevention and control safeguarding and training. There was evidence of residents' needs being central to meetings and residents' rights formed part of the team discussion. There was also evidence of sharing learning across the organisation. This included weekly information sharing meetings by senior management with relevant information being made available to the person in charge in the designated centre.

Judgment: Compliant

## Regulation 24: Admissions and contract for the provision of services

The provider had ensured all residents had a contract of care in place which was signed and contained details of the service to be provided and clearly stated any charges that may be applied. Residents were also provided with an easy-to-read version of the document.

Judgment: Compliant

### Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the Regulations. Some minor changes were completed by the person in charge following review during the inspection.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that the Chief Inspector of Social Services had been informed in writing of adverse events and quarterly notifications as required by the regulations.

The provider had systems in place for the review of all incidents that occurred within the designated centre. The person in charge ensured regular review of personal plans and communication notes as well as recorded incidents to ensure ongoing compliance with this regulation. In addition, the systems in place such as the daily handover to staff ensured all staff were aware of follow up and ongoing supports in place for residents in the event of an incident occurring. Also, actions outlined by the provider and person in charge following an incident that had occurred in the designated centre had been completed. These actions included ensuring all staff had up-to-date knowledge of the assessed needs of all residents and refresher training in safeguarding of vulnerable adults.

Judgment: Compliant

### Regulation 34: Complaints procedure

There were no open complaints at the time of this inspection. Residents, their representatives and staff were aware of the provider complaint's policy. Residents were provided with an easy-to-read format of the complaints procedure and details on who the complaints officer was. One resident was supported to have access to an easy-to-read protocol in their native language.

The staff team had received a number of compliments which were reviewed by the inspector. These were received from multiple sources which included family representatives and health care professionals. The compliments included positive reflections on the provision of safe, caring and effective services to the residents

supporting them to enjoy meaningful activities regularly.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

The provider had ensured that they had developed all Schedule 5 policies as required and these were implemented and made available to staff. All policies were available in electronic versions. They were found to have been reviewed as required and reflected where appropriate best practice and National guidance.

Judgment: Compliant

#### Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents was of a good standard. Residents' rights were promoted, and every effort was being made to respect their privacy and dignity. They were encouraged to build their confidence and independence, and to explore different activities and experiences.

The provider and person in charge supported and encouraged residents' opportunities to engage in activities in their home or in the local community. From speaking with residents and staff, and from a review of a sample of residents' assessments and daily records, the inspector found that residents had regular opportunities to engage in meaningful activities both inside and outside of the centre. They were supported by the staff team to engage in regular preferred activities, day services and using local services such as barbers/hairdressers. In addition, residents were encouraged to participate in household chores which included laundry and cleaning activities.

All residents had personal care plans that were reflective of each individual's assessed needs and the supports they required. All were subject to regular review. In addition, actions identified on internal audits in relation to gaps in documentation had been addressed in a timely manner. Residents were also supported by a key worker who was a member of staff familiar to the resident. The person in charge ensured there was an effective system in place for all plans to be reviewed as required but no less frequently than annually. Residents were supported to identify personal goals that were reflective of their interests. For example, one resident was being supported to attend day services regularly which would have previously been a source of anxiety for them. In addition, they had visited a wild life park and plans were underway to progress this further with a visit to Dublin Zoo. Another resident

was being supported to identify personal goals with the support of the staff team and their family. It was acknowledged that the resident found it difficult to make choices but with the support provided to them a number of goals had been documented which included long term goals of getting a pet and increasing their independence.

There was also documented evidence on ongoing monitoring of residents' health. Input was regularly provided by health and social care professionals including, dietitians, dentists, occupational therapists and speech and language therapists. Each resident had detailed healthcare management plans. Daily and monthly monitoring was consistently completed where required, this included blood pressure monitoring and nutritional intake. Residents were supported to attend healthcare appointments, including a General Practitioner (GP) when required. Staff outlined the specific supports that were recommended for one resident regarding the procedure of blood letting. The resident had anxieties around this procedure but it was documented to provide warm fluids, heat in the transport vehicle and the application of numbing cream to the area in advance to reduce the resident's anxiety and difficulties encountered with the procedure. Another resident was supported with photographs to inform them of planned visits to healthcare professionals which had also assisted with decreased anxieties being experienced by the resident.

The design and layout of the designated centre supported the assessed needs of the residents. It was located on a rural site. Each apartment had adequate facilities to meet the needs of the resident living there. There was evidence on ongoing review of maintenance and systems in place to address issues identified by staff or during scheduled audits in a timely manner. The person in charge outlined what actions had been taken to date and what were being considered by the provider such as upgrades to some bathroom areas and replacement of flooring.

The provider had ensured the actions from the previous Health Information and Quality Authority (HIQA) inspection in September 2022 had been adequately addressed in relation to infection prevention and control (IPC) measures. That inspection specifically looked at Regulation 27: Protection against infection. Systems were in place to ensure ongoing review and oversight of those actions which included a flushing schedule for infrequently used water outlets. However, the storage of cleaning equipment on the day of the inspection was discussed with the person in charge. There was a dedicated enclosed space at the rear of the property where the colour coded cleaning equipment was being stored. However, the available space was limited which resulted in all of the equipment being stored in close proximity, with some used mop heads being stored directly on the floor. In addition, on review of the provider's current IPC policy during the inspection it was unclear if the information regarding the use of colour coding cleaning equipment was contained within the policy or located in another guidance document to inform staff of the correct use of this equipment in line with best practice and national policy such as the Health Services Executive (HSE) community infection prevention and control manual 2022.

## Regulation 10: Communication

Residents in the centre presented with a variety of communication support needs. Communication access was facilitated for residents in this centre in a number of ways in accordance with their needs and wishes. Throughout a range of documentation relating to residents, there was an emphasis on how best to support residents to understand information and on consent. Residents had communication support plans in place in addition to hospital passports. Every effort had been made to ensure that residents could receive information in a way that they could understand. This included providing one resident with the support of an interpreter and Lámh training for staff to support effective communication with another resident. Staff were aware of communication supports residents required and were noted to be responsive and kind throughout the inspection.

Judgment: Compliant

## Regulation 11: Visits

Residents were facilitated to receive visitors in-line with their expressed wishes in their apartments or in the community.

Judgment: Compliant

## Regulation 12: Personal possessions

The provider had a clear policy and processes in place to guide staff when supporting residents with their personal possessions. Within this centre there were residents who required different levels of support and guidance in managing their possessions including finance management. For example, one resident would indicate to staff if they did not wish to have personal items in their apartment. This was respected by staff and the items were stored in a secure area in their apartment. If the resident chose to re-introduce the items back into their home setting this was supported by staff. In addition, staff reported that they frequently checked with the resident if they wished to have a particular item such as a photograph returned to them. Their expressed wishes would be respected by the staff team on each occasion.

There were current assessments available to ensure the assessed level of support required was in place. There were inventories maintained of residents' personal possessions which were reviewed and updated as required. Daily checks as part of the financial process were carried out and there were systems of auditing and

oversight in place by the provider and person in charge.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to engage in a range of meaningful activities both within the designated centre and in the community. Daily routines were flexible to support residents in line with their assessed and changing needs. This included attending day services, delaying the commencement of the morning routine if the resident expressed this wish and encouraging residents to actively participate in activities to increase their personal independence.

Judgment: Compliant

### Regulation 17: Premises

Overall, the centre was designed and laid out to meet the number and needs of residents living and staying in the centre. Individual apartments and communal areas were found to be warm, clean and comfortable. Areas were decorated to reflect the individual preferences and interests of the residents.

The designated centre was found to be in a relatively good state of repair both internally and externally. There were systems in place to log areas where maintenance and repairs were required. This was reviewed and followed up in a timely manner by the person in charge. The inspector acknowledges that some planned upgrade works were scheduled for the weeks after this inspection which included bathrooms and flooring.

Judgment: Compliant

### Regulation 18: Food and nutrition

Staff were familiar with the special dietary requirements and assistance required by each of the residents. Food preferences were known and documented by the staff team. Residents were observed to be offered choice and meals were freshly prepared daily. Residents were supported to have their meals at times that suited each individual during the day.

There was evidence of safe food storage practices being adhered to both in the main kitchen and kitchenette areas in the apartments. In addition, actions identified

during the provider's internal audits relating to the labelling of foods was found to be adhered to on the day of the inspection. All staff had also attended training in food hygiene.

Judgment: Compliant

### Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre in an appropriate format.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider's risk management policy contained all information as required by the Regulation. There was an up-to-date safety statement in place with a centre specific ancillary statement. The provider and person in charge were identifying safety issues and putting risk assessments and appropriate control measures in place. In addition, risk assessments were subject to regular review by the person in charge with the most recent taking place in August 2023. This review followed gaps identified by the provider's internal auditor in some documentation relating to risks specific to the designated centre.

Residents also had individual risk assessments in place to support their assessed needs. These assessment were also subject to regular review with evidence of a reduction in the need for some control measures in recent months or a reduction in the risk rating due to the changing needs of the residents.

Judgment: Compliant

### Regulation 27: Protection against infection

Residents and staff were for the most part protected by the infection prevention and control policy, procedures and practices in the centre. Contingency plans and risk assessments were developed in relation to risks relating to healthcare associated infection and COVID-19. Staff had completed a number of infection prevention and control related trainings.

The physical environment in the centre had evidence of effective cleaning taking



place. There were cleaning schedules in place to ensure that each area of the houses was regularly cleaned. Staff members had delegated responsibility in this area and it was clear from observation of staff practice over the day that they took these responsibilities seriously.

The inspector was informed that the provider had a colour coded cleaning system in place. However, further review was required to ensure there were suitable arrangements for the storage of buckets and other cleaning equipment such as mops. In addition, on the day of the inspection it was unclear what guidance or policy staff would refer to for information regarding the correct use of the colour coded cleaning systems in the designated centre.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had ensured effective fire safety management systems were in place. All fire exits were observed to be unobstructed during the inspection. Fire safety checks were consistently completed which included daily, weekly and monthly checks. Fire safety equipment was subject to regular checks including annual certification of the fire alarm and emergency lighting systems.

All residents had personal emergency evacuation plans (PEEPs) in place which were subject to regular and recent review. Staff also ensured that each resident had a "grab bag" which contained items to support a resident to evacuate if required. Staff had also ensured photographs of resident's own personal living space and exits were part of a social story discussed during sessions with key workers. During these sessions, scenarios were also discussed with the residents. For example, if a resident was lying on their bed listening to music when the alarm sounded. However, following a review of the documentation of the fire drills conducted it was not evident a scenario was being considered by the staff during the evacuation.

All staff had attended training in fire safety and core staff had attended fire warden training in June 2023. Staff spoken too during the inspection were aware of the fire evacuation plan and had participated in fire drills. These had also been completed with all residents including a minimal staffing drill.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The person in charge ensured that there were appropriate and suitable practices relating to medicine management within the designated centre. This included the

safe storage and administration of medicines, daily and weekly medicine checks, medicine sign out sheets and ongoing oversight by the person in charge. All staff had attended medicine management training.

Centre specific practices were in place to support the assessed needs of the residents and ensured consistent safe administration of medicines. For example, staff did not dispense medications at the end of their rostered shift. Staff commencing their shift were aware of the requirement to ensure regular medications were dispensed to the resident for whom they were supporting. In addition, reflective of residents' expressed wishes administration times of regular medications were clearly documented with time lines that supported individual residents routines.

The provider had also identified an issue with gaps in recording documentation relating to medicines prescribed as needed (PRN) medicines. Findings in the provider's internal audits in February and August 2023 had been discussed with the staff team. Follow up was also evident in the daily communication handover for staff in the designated centre and in the notes of monthly staff meetings.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need and personal plan in place which the inspector reviewed. These plans were found to be well organised which clearly documented residents' needs and abilities. Assessments and plans were being regularly reviewed and updated. The provider and person in charge had ensured that all residents' personal plans included their goals, in addition to their likes and dislikes. All residents plans were reviewed on an annual basis and areas that were important to them formed the central part of these reviews. All residents' goals and the progress made in achieving these were subject to regular review.

Residents were supported to set goals that had meaning for them. For instance, one resident was supported to engage in more community activities such as shopping. Other residents were supported to enhance their skills and improve their independence such as preparing meals or snacks with staff support.

Residents had their favourite activities included in their weekly plan such as attending music and art, or going into the local community. The inspector was informed one resident liked to spend time with staff and put on nail polish on the staffs' finger nails. This was regularly supported by the staff members supporting the resident. All residents had copies of their personal plans and outlines of their goals which were available in a format that was accessible to them.

The provider had identified gaps in the recording of activities in residents daily planners while conducting internal audits. If a resident chose not to engage in a planned activity, in some instances no details were documented of alternatives

being offered to the resident. To resolve this issue staff were advised to ensure more detail was documented to note staff interactions during the day with the resident. This was evident of being completed on the documents reviewed during the inspection.

Judgment: Compliant

### Regulation 6: Health care

Residents were supported to maintain best possible health. They had access to GP and to specialist medical services as required. The person in charge and staff team supported the residents in accessing these services. For example, as previously mentioned one resident required support prior to attending for routine bloods. Staff were aware of the measures and preparations to take in advance to effectively reduce the anxiety being experienced by the resident. Other residents had been supported to attend consultant and dental appointments. The inspector was informed of arrangements that were in place for further review by both of these disciplines in a manner that caused least distress to both residents on follow up planned appointments.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Residents were supported to experience the best possible mental health and to positively manage behaviours that challenge.

The provider ensured that all residents had access to appointments with psychiatry, psychology and behaviour support specialists as needed. Positive behaviour support plans were in place for those residents who were assessed as requiring them and they were seen to be current and detailed in guiding staff practice. Plans included long term goals for residents and the steps required to reach these goals in addition to both proactive and reactive strategies for staff to use. The person in charge and staff team were supported by the use of consistent communication responses to support residents' understanding of routines and to help in anticipating next steps in routines. Staff were supported to understand what was being communicated by a resident as part of the precursor section of positive behaviour support plans.

There were a number of restrictive practices in use in the centre and the inspectors found these had been assessed for and reviewed by the provider when implemented. There was also evidence of ongoing review and monitoring. In addition, phased reduction of restrictions was also under review or taking place at the time of this inspection. This included access to the communal kitchen and the

reduction in the use of additional safety measures in a transport vehicle in recent months for one resident.

Judgment: Compliant

### Regulation 8: Protection

The provider was found to have good arrangements in place to ensure that residents were protected from all forms of abuse in the centre. The provider had systems to complete safeguarding audits and there were learning supports for staff on different types of abuse and how to report any concerns or allegations of abuse. All staff had attended training in safeguarding of vulnerable adults. Safeguarding was also included regularly in staff meetings to enable ongoing discussions and develop consistent practices.

Where any allegations were made, these were found to be appropriately documented, investigated and managed in line with national policy. Personal and intimate care plans were clearly laid out and written in a way which promoted residents' rights to privacy and bodily integrity during these care routines.

Judgment: Compliant

### Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the rights and diversity of residents were being respected and promoted in the centre. The residents who lived in this centre were supported to take part in the day-to-day running of their home and to be aware of their rights through their meetings and discussions with staff or their keyworkers.

Over the course of the inspection, the inspector observed that residents were treated with respect and the staff used a variety of communication supports in line with residents' individual needs. Staff practices were observed to be respectful of residents' privacy. For example, they were observed to knock on doors prior to entering, to keep residents' personal information private, and to only share it on a need-to-know basis.

Residents had access to information on how to access advocacy services and could freely access information in relation to their rights, safeguarding, and advocacy supports. There was information available in an easy-to-read format on the centre in relation to IPC and fire safety which contained photographs of the individual's own living space to make it more meaningful to them.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Substantially 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
Regulation 9: Residents' rights	Compliant

# Compliance Plan for The Towers OSV-0005420

Inspection ID: MON-0032590

Date of inspection: 26/10/2023

## 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 27: Protection against infection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <ol style="list-style-type: none"><li>1. The Person in Charge shall conduct a review of the storage of cleaning equipment with the Designated Centre to ensure appropriate space is available to store all cleaning items, where required.</li><li>2. The Director of Operations in conjunction with the Organisations Quality and Safety Committee will conduct a review of Nua's Infection Control Policy and Procedure [PL-C-031] to ensure that the Standard Operation Procedure Poster which outlines the colour coding systems in place in a Designated Centre will be incorporated as an appendix to the policy.</li></ol>	



**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Substantially Compliant	Yellow	21/12/2023