



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

Issued by the Chief Inspector

Name of designated centre:	Nacora
Name of provider:	Health Service Executive
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	17 October 2022
Centre ID:	OSV-0007730
Fieldwork ID:	MON-0029045

About the designated centre

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

This centre is a large bungalow on the edge of a rural village. It is registered to accommodate up to four residents over the age of 18. Each resident has their own bedroom. The centre is staffed by a team of nurses and healthcare assistants who support residents with their health, social and personal needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Monday 17 October 2022	10:00hrs to 14:30hrs	Alanna Ní Mhíocháin	Lead

What residents told us and what inspectors observed

This was an announced inspection of this centre. The provider was given four weeks' notice of the inspection. The inspection forms part of the routine monitoring activities completed by the Health Information and Quality Authority (HIQA) during the registration cycle of a designated centre. From the inspector's observations and conversations with residents and staff, it was noted that residents in this centre had a good quality of life. Staff treated the residents with respect and supported them to take part in activities that they enjoyed.

The centre consisted of a bungalow located on the edge of a village in Co. Sligo. The house was clean, tidy and welcoming. Each resident had their own bedroom and each room was decorated in a different style as chosen by the residents. The rooms were personalised with the residents' photographs, their belongings and art work. Residents had their own televisions or radios in their room. One bedroom had an en-suite bathroom with level access shower. There was also a level access shower in the main shared bathroom. The other communal rooms in the house consisted of a sitting room, a kitchen-dining-living room, utility room and staff toilet. All of the furniture in the house was new, clean and modern. The house was nicely decorated and in very good structural repair. It was warm and homely. Outside, the grounds were well maintained. There was outdoor seating and a picnic area for use by the residents. The person in charge reported that a new hut was due to be built in the coming months to provide shelter to residents who smoked.

The centre is registered to accommodate four residents. One the day of inspection, only three residents were living in the centre and there was one vacant bedroom. The person in charge reported that the vacancy in the house had been discussed at senior management meetings but there were no immediate plans for a new resident to move into the centre at that time. The inspector had the opportunity to meet with the three residents who were living in the centre. Residents were busy going about their daily routines. Residents left the centre at different times during the day to attend day services or to go on outings. At other points in the day, they relaxed in the living rooms of the house. They were supported by staff throughout the day. One resident told the inspector that they were happy in their home and that they were happy with the staff. They said that they liked the food that was prepared for them in their home. They talked about the activities that they enjoyed in the centre and in the wider community. They told the inspector that they were offered choices throughout the day. They showed the inspector the Hallowe'en decorations and ornaments that they had chosen for the house. Residents appeared very comfortable in each other's company and in the company of staff.

Staff interacted with the residents in a very caring manner. They were quick to assist the residents when they asked for help. Staff were knowledgeable on the needs of residents and the residents' preferences. They spoke about the residents with respect. They clearly outlined way in which the residents' rights were upheld and promoted in the centre. They talked about ensuring that the residents were

treated with dignity and that their choices and wishes were respected. Staff highlighted the importance of supporting residents to access their local community.

Overall, the inspector noted that residents in this centre received a good quality service. They were supported to engage in activities that were of interest to them. Staff were knowledgeable on resident's needs and their preferences. Residents' rights were respected and promoted in the service. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of the service being delivered to each resident.

Capacity and capability

There was good governance and oversight in this service. There were clear lines of management and staff knew who to contact to report incidents or concerns. The staffing arrangements in the centre were suited to the needs of the resident. Staff had up-to-date training. The provider had submitted the required documentation to renew the registration of the centre.

The inspection was facilitated by the person in charge who was very knowledgeable on the needs of the residents and the requirements of the service to meet those needs. The person in charge had very good oversight of the service and maintained a regular presence in the centre. They had the required qualifications and relevant experience as outlined in the regulations. The person in charge reported to their line manager and onwards to more senior management. The lines of accountability were clearly defined. Staff were knowledgeable on who to contact if any incidents or concerns arose. There was a rota of on-call managers who could be contacted out of hours if the need arose. A review of incidents showed that issues were escalated to the person in charge and onwards to senior management, as required. Incidents were reviewed to see if there were any trends identified. Incidents were also discussed at a monthly review meeting between persons in charge and senior management to share learning between services. Persons in charge in the county also met on a fortnightly basis to share learning.

The provider maintained oversight of the service through the use of a suite of audits. There was a schedule that outlined when certain audits should be completed. Audits were completed in line with this schedule. Any findings from these audits were added to the centre's quality improvement plan. This plan listed all areas for service improvement, the actions needed to make those improvements and a target date for their completion. The plan was reviewed and updated on a monthly basis. It was noted that service improvement goals were identified through a number of means. In Findings from previous HIQA inspections, senior management evaluations, self-assessments by the person in charge, and goals set in the provider's annual review and six-monthly unannounced audits were also included in the plan. There was evidence that service improvement targets were progressed

and completed in line with the timeframes set by the provider.

The provider had completed an annual review into the quality and safety of care and support delivered in the centre. The review was very comprehensive and gave a very good account of the quality of the service delivered in the centre. Specific and measurable goals were identified to further enhance the quality of the service. This was also noted in the provider's most recent unannounced audit that had occurred in September 2022.

The staffing arrangements in the centre were reviewed and found to be suited to the needs of residents. There were no staff vacancies in the centre meaning that all staff were familiar to the residents. Where relief staff were required to attend the centre to cover planned and unplanned leave, there were arrangements in place to ensure that these staff were familiar with the residents. Nursing support was available during the daytime hours and on-call nursing support was available out of hours. Staff training was also reviewed. The provider had identified a number of mandatory training modules for staff. There was also a number of site specific training modules for staff in this centre. Records maintained by the person in charge indicated that most staff had up-to-date training in all of these modules. Where it was identified that staff required refresher training, the person in charge had booked dates for staff to complete the relevant modules. One new module in Sexuality Awareness in Supported Settings (SASS) had been recently included for staff. None of the staff in the centre had completed this training as yet. However, the person in charge reported that there were plans to train a number of trainers in this area in the coming months and that the training would then be rolled out to staff in the centre. All staff had completed four modules on human rights based training. As outlined above, staff treated residents with respect and discussed ways in which they promoted the rights of residents in their everyday interactions. Staff gave examples of ways in which residents were offered choices throughout their day and supported to have control in their daily lives.

The provider was required to submit a number of documents as part of their application to renew the registration of this centre. This included the centre's statement of purpose and the resident's guide. A review of these documents found that they contained the relevant information as outlined in the regulations. The inspector also reviewed a sample of the agreement between the resident and the provider. The agreement was signed by the provider and a representative on behalf of the resident. The agreement clearly outlined any fees that may be charged to the resident and the terms of residency in the centre.

Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted the required documentation to process an application to renew the registration of this centre. The documentation was submitted in time and the appropriate fee had been paid.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the required qualifications and experience for the role. They maintained good oversight of the service and maintained a regular presence in the centre.

Judgment: Compliant

Regulation 15: Staffing

The number and skill-mix of staff were suited to meet the needs of residents. Nursing support was available as required. There was a planned and actual staff roster in the centre. Staff were familiar to the residents ensuring that there was continuity of care in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had received up-to-date training in all of the provider's mandatory modules except SASS training. There were plans for staff to receive this training in the future. Where refresher training was required, dates had been booked for staff to attend these sessions. All staff had completed training in human rights based care and could clearly outline ways in which they promoted the rights of residents in their daily lives.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of accountability in the centre. The provider maintained oversight of the service through a suite of audits. Where service improvements were identified, there was evidence that the provider had taken actions to address these issues. The provider had completed an annual review into the quality and safety of care and support in the centre. Six-monthly unannounced audits were also

completed. Staff received supervision in line with the provider's policy.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There was a signed agreement between the resident and the provider. The agreement outlined the fees that could be charged to the resident. The terms and conditions of residency in the centre were outlined.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had submitted a copy of the centre's statement of purpose as part of their application to renew the registration of the centre. The statement of purpose contained the information set out in the regulations and had been reviewed within the previous 12 months.

Judgment: Compliant

Quality and safety

Residents in this centre were in receipt of a good quality and safe service. Their rights were promoted. Residents' needs were comprehensively assessed and appropriate support was provided to ensure that those needs could be met.

As outlined above, the centre itself was suited to the needs of residents. There was adequate space for residents to spend time alone or to be in each other's company, if they wished. The centre was fully accessible to all residents. It had the necessary equipment to support residents in their daily activities. It was nicely furnished and decorated. The centre was in a very good state of repair.

The rights of residents were promoted in this centre. As noted above, staff had received training in human rights and were knowledgeable on ways to ensure that resident's choices were respected. There was a weekly meeting where residents had the opportunity to make choices and decisions about the upcoming week. This included decisions about the weekly menu and outings. Restrictive practices in the centre had been audited to ensure that they did not adversely impact the rights of residents. Staff were observed offering choices to residents throughout the day.

They respected the privacy and dignity of residents by knocking on doors before entering rooms.

A comprehensive assessment of the needs of the residents had been completed. The assessments included the residents' health, social and personal needs. This had been completed within the previous 12 months. Corresponding care plans were devised to guide staff on how best to support residents. There was evidence that residents were included in devising their personal and social goals. There was evidence that staff supported residents to progress towards achieving these goals. The residents' care plans also indicated that their healthcare needs were well managed. Residents had annual health checks that included routine tests, as required. Residents had access to a wide variety of healthcare professionals and could regularly access these services as needed. Their daily notes also identified that residents engaged in a wide variety of activities that were in line with their interests. This included attending events hosted by day services and accessing events in the wider community, for example, attending the local library and going to concerts. Residents were supported to maintain regular contact with their family through phone calls and visits.

Staff were familiar with residents' communication needs and style. Residents had access to televisions, radios and the internet. Residents had communication profiles that outlined ways to support the resident with their understanding and abilities to express their thoughts, feelings and preferences. Picture-based communication supports were available in the centre. For example, there were pictures of the week's menu on display in the kitchen.

The residents had differing needs in relation to their food and nutrition. Staff were knowledgeable on the recommendations that had been made in relation to modified consistency diets for residents. They knew how to prepare these foods to the appropriate consistency. They were also aware of other guidelines that ensured that residents were safe when eating and drinking. For example, staff reported that distractions had to be minimised at mealtimes to reduce one resident's risk of choking. Residents had choices at each mealtime and could choose alternative food options if they did not want the meal that was offered.

Residents' safety was protected in this centre. All staff had up-to-date training on safeguarding. Any incidents that occurred were reported and escalated as appropriate. Incidents were reviewed to see if there were any patterns of concern to be noted. There were no open safeguarding plans in the centre on the day of inspection. Residents' intimate care plans gave clear guidance to staff on how to appropriately support residents with their personal needs. Fire safety was also reviewed on this inspection. The provider had ensured that an external fire company completed checks of the fire detection and warning system in the centre. The company also completed checks on the centre's emergency lighting. Staff completed additional weekly checks of fire detection, containment and fire-fighting equipment. Fire drills were regularly undertaken and simulated different scenarios. There were evacuation plans that outlined the kind of supports residents needed to evacuate the building in case of a fire.

The person in charge maintained oversight of the risks in the centre through the use of a risk register. This register listed the risk assessments that had been completed in the centre and the control measures that should be implemented to reduce the risk. The risk register was comprehensive and all risk assessments had been reviewed within the previous month. However, the inspector noted that there was no risk assessment to guide staff on keeping residents safe when accessing the internet. Residents had individual risk assessments. These assessments had been recently reviewed and updated. They gave clear guidance to staff on how to reduce risks to residents.

Overall, it was noted that the residents in this centre had a good quality of life. Staff were knowledgeable on the needs and preferences of residents. Residents were supported to engage in activities that they enjoyed and to make choices about their daily lives.

Regulation 10: Communication

Residents' communication needs and preferences were documented and understood by staff. Residents were supported to communicate by staff who were familiar with their communication styles. Residents had access to appropriate media.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to engage in activities that were in line with their interests and preferences. This included activities within the centre and in the wider community. Residents were supported to maintain contact with family and friends.

Judgment: Compliant

Regulation 17: Premises

The premises were suitable to the needs of residents. The building was accessible to all residents. It was in a good state of decorative and structural repair. The centre had the equipment and facilities that residents required in their daily lives. There was adequate space for residents to spend time together or alone.

Judgment: Compliant

Regulation 18: Food and nutrition

There was ample fresh food in the centre for residents. Residents were offered choices at mealtimes. The specific needs of residents in relation to their food and nutrition had been assessed and appropriate supports were in place to ensure these needs were met.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a guide for residents in line with the regulations. This document contained the information as outlined in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

There were good risk management arrangements in this centre. The overall risks to the service were identified in the centre's risk register. Risk assessments were also identified for individual residents. The risk assessments gave clear guidance on how to reduce risk and were recently reviewed. However, there was no risk assessment in the centre in relation to residents' safe usage of Wifi and accessing the internet.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had taken adequate steps to protect residents from the risk of fire. An external fire company completed regular checks of the fire detection system, fire alarm and emergency lighting in the centre. Staff completed fire checks weekly. Fire drills were completed regularly. Residents had evacuation plans to guide staff on how to support residents to evacuate the building in case of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' health, social and personal needs were assessed. Goals and plans were devised to meet these needs. The needs and plans were routinely reviewed and updated with input from the residents.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were well managed. Residents health needs were assessed and care plans to support residents were devised. Residents had access to a wide variety of healthcare professionals, as required. Residents had a named general practitioner (GP).

Judgment: Compliant

Regulation 8: Protection

Residents were protected from abuse. All staff had up-to-date training in safeguarding. Staff were knowledgeable on steps that they should take if they had any concerns in relation to safeguarding residents. Residents had detailed intimate care plans.

Judgment: Compliant

Regulation 9: Residents' rights

The rights of residents were upheld and promoted in this centre. Staff had received training in human rights and were knowledgeable on ways to support residents make choices and have control in their lives. Residents were active participants in the running of the centre through weekly resident meetings.

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	
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 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 10: Communication	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	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Nacora OSV-0007730

Inspection ID: MON-0029045

Date of inspection: 17/10/2022

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
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures: In order to comply with Regulation 26 the following actions have been completed :</p> <p>Residents who access the internet have an individual risk assessment on the safe usage of Wi-Fi.</p> <p>These risk assessments highlight the necessary controls to ensure the safety of all residents.</p> <p>There is easy read information on Staying Safe online and this is discussed with the residents at their weekly meeting.</p> <p>Safeguarding and staying safe are also discussed at the residents meetings .</p> <p>This action has been completed -18-10-22.</p>	

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	18/10/2022