



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

Issued by the Chief Inspector

Name of designated centre:	Sruhaun
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	07 March 2024
Centre ID:	OSV-0008039
Fieldwork ID:	MON-0033890

About the designated centre

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

Sruhaun provides residential care to up to five residents, both male and female. The centres consists of a large two storey house and a self-contained apartment adjacent to the main house. Each resident has their own bedroom and there are communal areas such as a large sitting-room and kitchen/dining area in the main house, and the apartment is self-contained with it's own kitchen and living rooms. Sruhaun uses a social model of care and is managed by a person in charge, supported by a 'Director of Operations'. The staff team consists of team leaders, deputy team leaders, social care workers and assistant support workers. There is waking night staff each night to support residents with their needs. The centre has transport available to support residents to access community based activities and outings to the neighbouring towns in the area, as required.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 7 March 2024	10:00hrs to 17:40hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

This inspection was an announced inspection to monitor compliance with the regulations and as part of the monitoring for the renewal of the registration of the designated centre. As part of the announcement, an information leaflet about the name of the inspector that was visiting was provided. In addition, questionnaires were provided so as to establish the views of residents living in the centre. These questionnaires were completed by, or on behalf of, four residents and they were reviewed as part of the inspection.

Sruhaun comprised one two-storey house and a self-contained apartment adjacent to the main house. The premises were located in a rural area, not far from a large town. There were four residents in the centre on the day of inspection and one vacancy. The inspector got the opportunity to meet, and spend time with, all four residents.

Overall, this inspection found that residents living in Sruhaun were provided with a person-centred service where their choices and rights were upheld. All residents expressed their satisfaction with the service provided through the questionnaires. Observations and communications with residents on the day of inspection also indicated that residents were happy and content in the centre and with the staff team supporting them.

The centre appeared to be suitably resourced with the numbers of staff and vehicles available to support residents' needs. Some residents had 2:1 staff and others had 1:1 staff. These staffing levels allowed residents opportunities to attend training courses and individual activities in the local and surrounding community. Residents were supported to do a variety of activities, avail of training, and undertake volunteer work in line with their wishes. One resident spoke about a certified training course that they completed recently, for which they had a graduation ceremony. They spoke about volunteer work that they were currently doing, which may lead to further training or job opportunities. Other residents were supported to seek out and attend education and training courses. Residents were also supported to do a wide range of activities that they enjoyed. These included; swimming, going to yoga classes, going to the gym, horse-riding and playing golf. In addition, residents were supported to maintain their family connections through regular visits and using technology to video call family members.

Residents were also supported to go on holidays together, or on their own with their support staff. Two residents had enjoyed a holiday to another county the previous year. Documentation reviewed showed how social stories were used to support residents in making choices about the activities they could do while on holidays and to prepare them for the holiday. Photographs seen showed residents enjoyment of their holiday. One resident had spent Christmas in another country with family members, and another resident was planning a trip to Disneyland as part of their

goals for the future.

The house and apartment were clean, homely and spacious. The communal areas were nicely decorated with framed photographs, house plants and table lamps all which helped to create a warm and cosy environment. The gardens were nicely decorated with garden furniture, solar lights and garden ornaments. There was a large built in trampoline available in the garden and other options for recreation, such as football equipment.

Each resident had their own bedroom which were individually decorated in line with their preferences with regard to favourite colours for example. Some residents showed the inspector their bedroom. Residents had space to store their personal possessions and it was clear that residents' interests and hobbies were respected and supported. For example; one resident proudly showed their bedroom and the colour of walls that they had chosen before moving in, and another resident had posters and soft toys of their particular interests. In addition, one resident had a pet bird, which they showed the inspector and spoke about their care.

Through a review of various documentation and communications, it was clear that residents were involved in making decisions about how they lived their lives. Annual review meetings occurred where residents were supported to identify personal and meaningful goals for the future. In addition, residents were supported to enjoy a range of leisure and recreational activities as they chose and to try out new activities. In addition, residents had access to technological devices, telephones, music players and televisions in line with their needs and choices. One resident enjoyed viewing 'Youtube' clips of topics of interest to them, and another resident referenced about how they use their mobile phone to look at various social media clips.

Residents were consulted regularly about the centre. All residents had regular meetings with a named staff called a 'key-worker. These meetings gave residents opportunities to make choices in their lives and to raise any concerns as well as being kept informed about various topics. There were a range of easy-to-read documents and notices throughout the centre also, to further support residents in their understanding of various topics. In addition, residents had access to easy-to-read material that was relevant to their care and had access to communication aids.

The centre appeared to be suitably resourced with enough staff to meet the needs of all residents. Staff had undertaken a number of training events, including human rights training. There was evidence in the 'key-working sessions' that staff discussed human rights with residents, including the FREDA (Fairness, Respect, Equality, Dignity and Autonomy) principles.

In addition, staff spoken with appeared knowledgeable about the needs of residents. Staff were observed to be caring and respectful in their interactions with residents and were responsive to residents' communications. Residents appeared comfortable around staff, with each other and in their home. Residents were observed freely moving around their homes and coming and going to various outings and activities throughout the day.

As part of this announced inspection, questionnaires were provided to residents to give feedback on the service. Seven questionnaires were completed by residents, family members and a resident representative. In addition, one family member was spoken to on the telephone where they gave feedback about the supports that their family member received. Overall, feedback given was very positive on all aspects of the service including residents' safety, choices offered, privacy, activities, food and staff. When asked if there was anything extra that residents wished to say about the service, one resident said that they cook their own food in their home.

Questionnaires completed by family members and a resident's representative were very positive also, with one noting that their family member's wellbeing has improved greatly and all reporting positive feedback about the staff team and communication.

Overall, the service was found to provide good quality person-centred care to residents. The centre was comfortable and spacious, and residents appeared content. Staff were seen to support residents with respect and appeared knowledgeable about residents' needs and communications.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and describes about how governance and management affects the quality and safety of the service provided.

Capacity and capability

Overall, this inspection found that the management systems in place in Sruhaun ensured that the service was well managed and effectively monitored. The management team were found to be responsive to risks that arose, complaints made and protection risks to residents.

The local management team comprised a person in charge who reported to a Director of Operations (DOO). The person in charge was supported in their role within the centre, by 'shift lead managers' who completed some management tasks and were part of the on-call system. Both the person in charge and DOO were available throughout the inspection and demonstrated good knowledge of the centre and the needs of residents.

A complete application to renew the registration of the centre had been received. All the required information was submitted, and where amendments were required to the statement of purpose and floor plans, these were addressed on the day of inspection.

The staffing skill mix consisted of social care workers and social care assistants. There were eight staff working during day hours and four staff at night. This was in response to the assessed needs of residents, some of whom required 2:1 staffing levels. There was an on-call system for out-of-hours to provide support if required.

There appeared to be enough staff to meet the needs of residents.

Staff were provided with training courses to support them to have the skills and competencies required to support residents with their care. Where bespoke training had been identified for staff to support with specific issues that arose in the centre and this had been put in place. Staff spoken with talked about the benefit of one recent bespoke training event that they undertook. In addition, staff were supported through regular meetings with their line manager, and through attendance at team meetings. Staff spoken with said that they felt well supported in their role.

There there were good systems in place for the monitoring and oversight of the centre by both the local management team and by the provider. The provider ensured that six monthly unannounced audits and an annual review of the service occurred as required in the regulations. These included consultation with residents and their representatives as appropriate. The annual review was amended on the day of inspection, as it included information that could identify some residents. However, it was noted that the easy-to-read annual review made available for residents protected their personal information.

The local arrangements for auditing the centre included weekly checklists, to include health and safety checks and a 'governance' audit that reviewed areas such as incidents, staffing, restrictive practices and notifications to the Chief Inspector of Social Services. The findings from these audits were reviewed by the DOO at a weekly management meeting with the relevant senior managers. This system demonstrated good oversight by all levels of the management team of the centre. Where actions were identified, these were found to be responded to in a timely manner.

In summary, the management team demonstrated that they had the capacity and capability to manage the service and to ensure that a safe and high quality service was provided to residents

Registration Regulation 5: Application for registration or renewal of registration

A complete application to renew the registration of the designated centre was completed by the provider within the time frames required.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge had the qualifications and experience to manage the centre. They had responsibility for one other designated centre located nearby. They worked full time and divided their time between the two centres. They were

knowledgeable about their responsibilities under the regulations.

Judgment: Compliant

Regulation 15: Staffing

There was a planned and actual rota in place in the centre, which was found to be accurate about who was working on the days of inspection. The skill-mix of staff included social care workers and social care assistants. Some residents required 2:1 staff and this was in place. Both the apartment and the main house had a waking night staff and sleepover staff in place each night. There was an out-of-hours on-call arrangement in place in the event of emergencies.

A sample of staff files were reviewed and found to contain all the information that are required under Schedule 2 of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a list of training that all staff were required to complete to ensure that they had the skills and competencies to support residents with their assessed needs. Where bespoke training was identified as required, this was provided to staff. All staff working in the centre had completed the mandatory training, with appropriate records maintained and available for review.

Staff were offered support and supervision meetings with their line manager, Staff spoken with said that they felt well supported.

Judgment: Compliant

Regulation 22: Insurance

The provider ensured that there was insurance in place for the centre as required in the regulations.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear governance structure in place with clear roles and responsibilities. The centre was suitably resourced to meet the numbers and needs of residents. There were good arrangements in place for monitoring and oversight of the centre by the local management team and provider. These included the completion of six monthly unannounced provider visits as required in the regulations and a range of audits and checklists completed by the local management team and an administrator on behalf of the provider. In addition, the local management team undertook spot checks at night-time to review the effectiveness of the arrangements. Where actions were identified these were found to be responded to, and addressed, in a timely manner. In addition, the management team were found to be responsive to risks, safeguarding concerns and complaints and there were up-to-date policies and procedures in place.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider ensured that there was an up-to-date statement of purpose in place that included all the information required under Schedule 1 of the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge ensured that all information that was required to be submitted to the Chief Inspector was submitted as required.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a policy and procedures in place for the management of complaints. This included the role of the complaints officer. Residents and their representatives, as appropriate, were made aware of the complaints process. Complaints made over the past year were reviewed and found to be followed up in line with the provider's policy and procedures. Documentation reviewed included the records of complaints made, investigation records, and e-mails sent to and from complainants from the

local management team and the provider's nominated complaints officer. From the documentation reviewed it was clear that every effort was made to resolve complaints to the satisfaction of the complainant. One open complaint was ongoing at the time of inspection.

In addition, where a complaint may constitute a safeguarding concern, this had been followed up in line with the safeguarding procedures also.

Judgment: Compliant

Quality and safety

This inspection found that residents living in Sruhaun were provided with person-centred care and support. Residents were regularly consulted about the centre and about their care and support. Residents' health and wellbeing were regularly monitored also, and residents had timely access to multidisciplinary team (MDT) supports where required.

A human rights based approach to care was evident in the centre. Each resident had an assigned staff, called a 'key-worker' that they met with regularly. Key-worker and resident sessions were documented and included follow-up actions that were noted during these meetings. These meetings provided a forum for various topics to be discussed with residents. These included discussions about safeguarding, complaints, the National Advocacy Service (NAS) and human rights. One record reviewed showed how staff explained to a resident about the restrictions in the house and about how this may affect them. In addition, there were a range of easy-to-read documents accessible to residents to support them in understanding these topics.

There were comprehensive assessments completed of residents' health, personal and social care needs. Care and support plans were developed for any identified need and which provided clear information to staff on the supports required. In addition, residents were supported to identify and work on personal goals for the future. For example; one resident had a goal to go abroad on holidays and one resident was working on enhancing their communication skills.

Residents who required supports with behaviours had support plans in place that were kept under ongoing review with members of the MDT. There were a number of restrictive practices in the centre. These were found to be appropriately assessed and kept under regular review with the person in charge and a member of the MDT. There was evidence that efforts were made to reduce the use of restrictive practices in a safe way. For example; a back door that had been locked for safety reasons had been recently assessed and this restriction had been removed.

It was found that the protection of residents was taken seriously in the centre. Where safeguarding concerns arose, these were followed up in line with the

safeguarding procedures and safeguarding plans were developed, as required. These were found to be kept under ongoing review and discussed at team meetings, as appropriate.

There were good arrangements in place for fire safety. These arrangements were kept under review and regularly monitored. Fire drills took place under a variety of scenarios and demonstrated that residents could be evacuated to safe locations in the event of a fire.

Overall, the inspector found that the service provided ensured that residents received a person centre service where their rights, wellbeing and safety were protected and monitored.

Regulation 10: Communication

Some residents required supports with communication. There were plans in place detailing the supports required and residents had access to various aids to enhance their communications. Easy-to-read information on a variety of topics were available to residents to supplement communication and to aid residents' understanding of topics that they were consulted about.

Residents had access to the internet, televisions, technological devices, and mobile phones.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to take part in activities and recreation that they enjoyed and that were meaningful to them. This included training and volunteer work in line with residents' wishes and preferences. In addition, some residents had commenced new activities since their move to the centre which they were reported to enjoy. These included; yoga classes, going to the gym and visiting local amenities such as pet farms. Within the house, residents had opportunities for recreation and leisure, such as arts and crafts, outdoor leisure equipment, media equipment and internet access.

In addition, residents were supported to maintain links with their families, friends and the wider community. This included; regular visits to family members, regular outings with family members, and involvement in community groups.

Judgment: Compliant

Regulation 17: Premises

The centre comprised a two storey house and a separate self-contained apartment. Both premises were found to be clean, homely, well ventilated and well maintained. Each resident had their own bedroom with storage space for personal possessions. Residents' bedrooms were decorated in line with their wishes and preferences. All bedrooms in the main house had en-suite facilities with either bath and/or shower facilities. The centre had suitable communal areas, and a space for residents to receive visitors in private if they wished. Each of the premises contained kitchen and cooking appliances with a utility room with laundry facilities.

Judgment: Compliant

Regulation 20: Information for residents

There was a guide for residents in place that included all the information that was required under this regulation.

Judgment: Compliant

Regulation 28: Fire precautions

There were arrangements in place for fire safety. These included; a fire alarm system, fire fighting equipment, emergency lights, fire doors and the carrying out of regular fire drills. There was ongoing monitoring and review of the arrangements to ensure that they were effective. Fire drills demonstrated that residents could be evacuated to a safe location under different scenarios. One resident spoken with talked about fire training that they had completed. Each resident had a personal emergency evacuation plan (PEEP) in place to guide staff in the supports required, as relevant.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge ensured that a comprehensive assessment of need was completed for each resident. Where the need was identified, care and support plans were developed and these were kept under ongoing review and updated as

required. Personal plans were comprehensive and included supports required around a range of areas such as health and wellness, medication, money management, transport and cultural needs. In addition, residents were supported to identify and set goals for the future, both long and short term. These goals were found to be kept under ongoing review with action plans developed and updated as required. Annual review meetings were held to review residents' care and support.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had received training in behaviour management. Where residents required supports with behaviours of concern, they were supported through access to MDT professionals and through the development of support plans to guide staff in the supports required. There was evidence that every effort was made to establish the causes of behaviours displayed and to support residents in the best possible way to manage their behaviours. Residents were found to be involved in their care plans.

There were a number of restrictive practices in use in the centre. These had been assessed to ensure that they were the least restrictive options. In addition, these were subject to quarterly reviews by a member of the MDT with the person in charge. There were clear protocols and guidelines in place to ensure that the practices were used for the shortest time and proportionate to any risks.

Judgment: Compliant

Regulation 8: Protection

There was an up-to-date policy and procedure in place for safeguarding and for the provision of personal and intimate care. Staff had received training in safeguarding vulnerable adults and intimate care provision. Safeguarding quizzes were completed with staff to assess staff knowledge about safeguarding.

Where safeguarding concerns arose, these were followed up in line with the safeguarding procedures. Safeguarding plans were developed, where required, and were found to be kept under ongoing review. There were three open protection issues at the time of inspection. There was evidence that these were taken seriously and followed up in line with the procedures. One resident had been referred to the National Advocacy Service (NAS) for support due to a concern raised. At the time of inspection, the person in charge was awaiting correspondence from the external safeguarding and protection team to see if any further actions were required.

Safeguarding was a regular agenda item at both staff meetings and residents'

meetings. Residents were supported to learn about how to self-protect through accessible easy-to-read information and through discussions at their 'key-worker' meetings.

Judgment: Compliant

Regulation 9: Residents' rights

The centre was found to promote a rights' based service. Residents were consulted in the running of the centre through regular 'key working' meetings. These forums facilitated discussion and consultation on a range of topics, including providing residents with information on human rights and advocacy. One resident was supported to access the NAS recently. A range of communication methods were used with residents who required supports with communication, to try to ensure that their views and opinions were established. Residents were supported to engage in activities that were of interest to them and to make choices in their lives with regard to religions preferences for example. When asked, the person in charge said they were following up on access to voting for some residents.

Questionnaires received demonstrated that all residents and their representatives who completed the forms were happy with how residents were offered choices and supported to make decisions in their lives.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant