



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

Issued by the Chief Inspector

Name of designated centre:	Dunaree
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Monaghan
Type of inspection:	Announced
Date of inspection:	26 March 2024
Centre ID:	OSV-0008709
Fieldwork ID:	MON-0042387

About the designated centre

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

Dunaree is a full-time residential service located in Co Monaghan, close to a large town with plenty of amenities. Residents receive twenty-four-hour care and support. The service comprises three apartments/living areas. The apartments were found to be well resourced and had been adapted to meet the residents' needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Tuesday 26 March 2024	09:30hrs to 16:30hrs	Eoin O'Byrne	Lead

What residents told us and what inspectors observed

On arrival, the inspector was greeted by the person in charge and the director of operations for the centre. The inspector met with both and conducted the opening meeting. Following this, the inspector was shown the service.

This was this service's first inspection. It opened in late December, and at the time of the inspection, two residents were being supported. One transitioned in late December and the other in early February.

The provider ensured adequate staffing levels were in place and the centre was well-resourced. The service comprised three standalone apartments/living areas. The inspector found that the premises had been adapted to meet the needs of the residents and were clean and well-presented.

The inspector reviewed samples of daily notes, personal plans and assessments of the residents' needs. Following the review it was evident that the residents were being cared for in a responsive and person-centred manner that was adapting to the changing needs of both residents. The residents were cared for in a manner that respected their rights and maintained their safety.

The first resident had transitioned into the service following a challenging period in their life. Discussions with the person in charge and the data review showed that the move had been positive. The resident's behaviours of concern had reduced, and the resident was reporting that they were happy in their new home. The resident had previously been living with peers, and this had become challenging for them. They were now enjoying living alone. The inspector did not have the opportunity to meet with the resident during the inspection. The review of daily notes identified that the resident was very active outside of their home, attending a gym, watching sports, attending dance classes and visiting home when they wished. The resident had also identified long and short-term social goals that they wanted to achieve, such as beginning social farming, re-engaging in education and eventually living independently.

The inspector met with the second resident in their apartment. The resident introduced themselves to the inspector and began asking if the inspector knew a number of people. The resident spoke about their past struggles and about the support they had received. The resident spoke of liking their apartment and interacted with the person in charge and staff in a jovial manner. The resident spoke to the inspector about a behaviour contract they had agreed to. The goal was to promote positive outcomes for the resident and they spoke energetically about it. The resident was also active outside of their home; the resident was from the area and met with family and friends.

In summary, the residents were receiving care and support that was specific to them and their needs. The staff team was still in the early stages of working with

both residents, but there was evidence of the residents being happy with the service they were receiving.

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

Capacity and capability

The inspector reviewed the provider's governance and management arrangements. The review found that these effectively ensured the service provided to each resident was safe, appropriate to their needs, consistent, and effectively monitored.

The inspector reviewed the provider's arrangements regarding the person in charge role, staffing, staff training and notification of incidents. The review of these areas found them to comply with the regulations.

The inspector reviewed a sample of staff rosters and found that the provider had maintained safe staffing levels. The person in charge ensured that the staff team had access to and had completed training programmes to support them in caring for the resident. The staff team had also received supervision.

In summary, the review of information demonstrated that the provider had systems in place to ensure that the service provided to the residents was person-centred and maintained to a high standard.

Regulation 14: Persons in charge

The provider ensured that the person in charge possessed the necessary experience and qualifications to fulfil the role. They were a qualified healthcare professional with additional qualifications in management. They had systems that ensured effective oversight of the service provided to the residents. It is worth noting that the person in charge was solely responsible for this particular service, which further strengthened their oversight capabilities.

Judgment: Compliant

Regulation 15: Staffing

The person in charge maintained planned and actual rosters, and the inspector

reviewed rosters and found that the provider had ensured that safe staffing levels were maintained. Both residents required round-the-clock support and supervision and received the necessary care. One of the residents was supported by two staff members every day. The provider had additional staff at the time of the inspection as the transition of a new resident had been delayed. The inspector had limited interaction with staff but did hear staff interact with the resident in a supportive and caring manner.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had developed a staff training matrix that captured the staff members' completed training. Following the matrix review, the inspector was assured that the staff team had access to appropriate training as part of a continuous professional development programme.

For example, staff members had completed numerous training programmes:

- Safe administration of medication
- Manual handling
- Basic first aid
- Protection and welfare
- Food hygiene
- Infection prevention and control
- Autism and Aspergers
- Safeguarding
- Managing challenging behaviours
- Providing intimate care

The person in charge had developed a supervision schedule for the staff team. The review found that supervision sessions had been completed with staff per the schedule, and further supervision sessions were planned for later in the year.

Judgment: Compliant

Regulation 23: Governance and management

A review of the provider's governance and management arrangements found them appropriate. They ensured that the service provided was safe, relevant to the resident's needs, consistent and effectively monitored. A clearly defined management structure was led by the person in charge, who was supported in their duties by a shift team manager and the staff team. The director of operations was

also in the service regularly and explained that they had increased their presence to support the person in charge in responding to the challenges one of the residents had had.

As mentioned earlier, the provider had scheduled a multidisciplinary team meeting for one of the residents. This was a triggered meeting to respond to an increase in adverse incidents. During the inspection, the inspector identified concerns regarding some of the incidents. The director of operations acknowledged the concerns and stated that the focus of the meeting was to ensure that the needs of the residents were being met and that existing safety control measures were appropriate. The provider was responding to the changing needs of the residents and taking action to ensure that the residents were safe and that the systems in place were meeting their needs.

A number of audits had been completed this year; these included:

- Infection Prevention and Control
- Health and Safety
- Vehicle checks
- Admissions
- Discharges
- Medication management
- Healthcare
- Review of residents' personal plans

The inspector reviewed a sample of these audits and found where required actions had been identified. For example, the review of personal plans found that a number of areas needed improvement. Action plans were devised with timeframes for completion. The inspector found that the actions had been addressed promptly and that the personal plans contained the required information.

There was also a quality management checklist document. Staff members completed daily and weekly checks, which were reviewed by the person in charge.

The daily checks included:

Safety walk of the premises

Hoffman Knife check

Sharps inventory

Food safety and chemical inventory checklist

The weekly checks were:

House inspection

First aid stock checklist

In summary, following the review of information and discussions with the person in charge, the inspector was assured that the service provided to the residents was under close review and that efforts were being made to provide the best possible service to each resident.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Health Information and Quality Authority (HIQA) of adverse incidents occurring in the centre in line with the regulations.

Judgment: Compliant

Quality and safety

During the inspection, it was found that the residents were receiving a service that was tailored to their specific needs and was provided in a way that respected their rights. As previously discussed, the residents were engaging in activities that they wanted to do, and the staff team was supportive and respectful of their choices.

The provider had ensured that the residents' health and social care needs were comprehensively assessed, and support plans were developed to guide staff members in providing positive outcomes for the residents. The inspection also found that guidance documents were created to help staff members communicate and support the residents in the best possible way.

The inspector reviewed several aspects, including risk management, premises, fire precautions, and safeguarding. The review of these areas found them compliant with the regulations.

In conclusion, the inspection report confirmed that the provider, person in charge, and staff team were providing a safe service that met each residents' needs. The residents appeared happy in their daily lives and their overall living arrangements.

Regulation 10: Communication

Both residents communicated verbally and did not need communication aids. During the inspection, it was noted that there was guidance available to help the staff

interact with the residents. This guidance was included in the residents' personal plans and was person-centered. It provided detailed information on how to successfully communicate with the residents, how to support them with changes to their plans or routines, how to respond to them when they are anxious and how to deal with them if they become upset or angry.

Staff members were also guided on developing relationships with residents, setting boundaries, responding to unreasonable demands, and supporting residents with impulsive behaviours.

Judgment: Compliant

Regulation 12: Personal possessions

The residents' plans contained a section named "My Money Management". Assessments of the residents' money management skills had been completed. One of the residents had decided to manage their finances with minimal support from staff, whereas the other required full support. The inspector reviewed information on how to best support the residents regarding their finances and found that the information gave the reader the tools to support the residents.

The inspector reviewed the financial management systems that had been developed for the resident who was willing to receive support. The appraisal found that the systems were appropriate in safeguarding the resident from financial abuse.

Judgment: Compliant

Regulation 13: General welfare and development

The appraisal of both residents' information identified that they were engaging in the things they wanted to do. The residents were being supported by the staff team, but there was also an emphasis on guiding the residents to be as independent as possible in their decision-making and actions. The residents' personal plans captured information regarding topics such as the residents' interests/hobbies, dislikes, routines, and what they wanted to achieve.

There were a number of examples of staff members supporting the residents in everyday activities, attending sporting events, and supporting the residents in socialising with friends and family. As stated earlier, one resident had identified that they wanted to return to education. The resident had had negative experiences in educational settings in the past, and the staff team and the resident had now identified a more realistic educational goal for the resident to complete.

Discussions with the person in charge and the review of data identified that a

resident was finding the transition into living in the service difficult. There had been incidents where the residents' behaviours had placed themselves at risk, but staff members had responded to the incidents and managed them. The provider had scheduled an additional multidisciplinary meeting for 02.04.24 to review the resident's presentation and support to ensure that the resident's needs were being met and that their safety was maintained. These steps identified that the provider was being proactive in responding to the needs of the residents.

Judgment: Compliant

Regulation 17: Premises

The inspector found the residents' home to be clean and well-maintained. The house had been suitably decorated and adapted to the needs of the residents.

Judgment: Compliant

Regulation 26: Risk management procedures

Individual risk assessment management plans had been created for each resident. The assessments were linked to the residents' care and support plans.

The plans were detailed and guided the reader through the steps to take to ensure the safety of the residents. The inspector reviewed existing control measures and found them proportionate to the level of risk. The inspector noted that for one resident, the risk rating scores had reduced due to the reduction in incidents, and the person in charge explained that the control measures may be reduced or removed as a result.

The inspector reviewed the adverse incident records. As noted in earlier sections of the report, a resident was finding the transition into their new home challenging, and several adverse incidents had occurred. The incidents had been reviewed by the person in charge, staff team, and senior management, and learning had been prioritised to support the residents and reduce the likelihood of re occurrence.

The appraisal of incidents identified that the staff members supporting the residents managed the incidents, maintaining the residents and their safety. There had also been scenarios where staff members had demonstrated positive risk-taking; for example, a resident had planned to travel to their home county to watch a match. The resident and staff were unable to make it to the game on time, and instead, the resident watched the match in a pub; previous risks had been identified in such settings. The resident met with friends and had a positive evening. The resident was documented as thanking staff for the day.

Judgment: Compliant

Regulation 28: Fire precautions

The provider and person in charge had ensured effective fire safety management systems. Staff members had received appropriate training. The fire detection and firefighting equipment had been serviced on a regular basis. Emergency lighting and fire containment measures were in place and found to be effective.

The review of fire evacuation drills demonstrated that the residents and staff team had completed evacuation drills. However, the inspector identified that the two residents had not completed simultaneous drills, which indicated that both residents could be safely evacuated together. The director of operations acknowledged this and stated that it would be completed in the coming days. The provider submitted written confirmation that a fire drill had been completed in the days following the inspection, which assured them that they could safely evacuate the residents and staff members.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Following the appraisal of information, the inspector was assured that comprehensive assessments of the residents' health, personal, and social care needs had been conducted. Following the assessments, support plans were created to guide staff on how to best support the residents.

The inspector found that the support plans accurately reflected the residents' presentation and areas they required support with. The care plans were under review, and the reader was given detailed information on caring for and supporting the residents.

As stated earlier, social goals were developed for residents. The goals had been chosen by the residents, and there was evidence of the staff team working with them to achieve them.

Judgment: Compliant

Regulation 7: Positive behavioural support

Behaviour support plans had been developed for the residents. The inspector

reviewed these. The review showed that the plans were specific to each resident, giving the reader critical information regarding why they may present with challenging behaviours, how best to respond to incidents, and how to prevent such scenarios.

The provider's behaviour specialist was working with both residents, and their support plans were under regular review. As stated earlier, challenging incidents have occurred. The review of these found that staff members had reacted to these incidents by following the guidance in the behaviour support plans, de-escalating the scenarios, and providing the residents with support.

Judgment: Compliant

Regulation 8: Protection

The provider ensured that the staff members had completed training to safeguard vulnerable adults. The provider and person in charge had demonstrated that they responded to all safeguarding concerns and allegations promptly and thoroughly. When required, the person in charge carried out investigations, followed protocols and notified the necessary parties, including HIQA.

Judgment: Compliant

Regulation 9: Residents' rights

The review of daily notes identified that staff communicated with residents in a manner that respected their rights. Daily schedules were agreed upon between the residents and staff members. Residents sometimes sought to change schedules or not engage, and the staff members responded to them in a respectful manner.

The review of information identified that the residents were, where possible, doing the things they wanted to do. When safe, positive risk-taking was implemented, and residents were being cared for in a manner that promoted and respected their rights.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	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