Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Taliesin House & Log Cabins
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	03 October 2022
Centre ID:	OSV-0003383
Fieldwork ID:	MON-0034105

About the designated centre

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

Taliesin House and Log Cabins is a designated centre operated by NuaHealthcare Services Limited. The centre can cater for the needs of up to thirteen male and female residents, who are over age of 18 years and who have in intellectual disability. The centre is located on large private grounds, close to a town in Co. Laois, and comprises of one main building, which can accommodate seven residents, and six single occupancy cabins are situated to the rear of this main building. In the main building, each resident has their own bedroom, some of which are en-suite, with shared access to bathrooms ,sitting rooms, staff office and kitchen and dining area. The cabins provide residents with their own living, kitchen anddining space, bedroom and bathroom. Large and well-maintained grounds surround this centre for residents to use as they wish. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	11

How we inspect

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 3 October 2022	10:00hrs to 18:30hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This designated centre was currently home to eleven male and female residents, and was very much a resident-led service that ensured residents received the care and support that they required.

Upon the inspector's arrival to the centre, they were greeted by a resident and brought to the main office to meet with the person in charge. The inspector's temperature was taken and hand sanitizer was readily available throughout the centre for her to use. The inspection was facilitated by the person in charge and director of operations and over the course of the day, the inspector also had opportunities to meet with a number of residents.

This centre was located on large private grounds very close to a town in Co. Laois. The main building comprised of seven bedrooms and had large communal areas such as sitting rooms, bathrooms, staff office and a kitchen and dining area. To the rear of this building were six cabins, which were individually occupied. These cabins comprised of bedrooms, a kitchen and living area and a bathroom. Each cabin was decorated to residents' personal taste, displaying many objects of interests to them, with some having their home county flags proudly displayed on the exterior wall. A well-lit walk way surrounded these cabins and an external laundry room was available for all residents to use. There was ample external grounds for residents to walk around, with apple trees, swings, trampolines and multiple seating areas.

There was a warm and welcoming feel in this centre, where residents came and went for the day with their support staff. Some residents opted to spend the day at the centre and inspectors observed staff to interact respectfully and kindly with these residents. One resident invited the inspector to visit their bedroom, where they had a large television to watch films and programmes of their choice. This resident had a keen interest in vehicle registration plates and had a number of these displayed on their bedroom wall. Another resident, brought the inspector into their bedroom, where they kept their pet rabbit. This resident spoke of the care that their pet needed and also had many books and objects of interest to them proudly displayed. The inspector met with another resident who occupied one of the cabins and this resident told of how they were working towards buying their first home. Various family photos and soft furnishing decorated their living space and they spoke of how they had recently changed their hair colour and were in the process of styling their hair when they met with the inspector. Many of these residents were independent with their household tasks, and of those who required support to maintain their bedroom and living space, staff supported them accordingly.

These residents lived very active lifestyles and personal goal setting was an integral part of their care. Residents were supported to pursue social activities and learning opportunities of their choice, and were encouraged to develop and learn new skills. For example, some residents held employment in the nearby town and were also supported to maintain personal relationships with their significant others. Many of

these residents had aspirations to move towards independent living and their personal goals were tailored around developing various life skills. For instance, staff were supporting some residents to take responsibility for some aspects of the medication management, with the view to them progressing towards being independent with this aspect of their care. Social engagement between these residents was also very much promoted, with various group activities scheduled each week for them to attend, if they wished. For instance, day trips, movie nights and take-aways were planned each week, which allowed for residents to relax and socialise with their peers. Due to the adequacy of this centre's staffing and transport arrangements, residents also had opportunities to get out and about in their local community, independent of their peers and had the staff support that they required, to do so. Due to the close proximity of this centre to a nearby town, residents had ample choice of amenities, leisure facilities and other local services.

Residents' satisfaction with the service they received was important to this provider and was regularly discussed with residents. Where residents wished to make a compliant, they were supported to do so and all efforts were made to resolve any complaints made. Information about the provider's complaints process was readily displayed on notice boards and nominated persons were identified to receive and manage complaints. Along with being involved in the running of their centre, some residents were representatives of a service user committee and attended various organisational meetings to give residents' overall views, thoughts and feedback to the provider at these meetings.

Overall, this was a very individualised service that recognised and respected the wishes and aspirations of residents. The findings of this inspection will now be discussed in the next two sections of this report.

Capacity and capability

This was an unannounced inspection to assess the provider's compliance with the regulations. Prior to this inspection, the Chief Inspector of Social Services was made aware of some information relating to the quality and safety of care delivered within this service, and this informed some of the lines of enquiry for this inspection. Overall, the inspector found that this was a well-run and well-managed centre that ensured residents received the type of service that they were assessed as requiring. Although the provider was found to be in compliance with many of the regulations inspected against, some improvement was required to aspects of behavioural management, health care and risk management.

The person in charge was based full-time at this centre, which allowed her to regularly meet with the residents and with her staff team. She knew the residents and their assessed needs well, and was aware of the operational needs of the service delivered to them. She held regular meetings with her staff team and also maintained good contact with her line manager to review operational matters. She

was supported in the running and management of this centre by a team leader, deputy team leaders and by her line manager.

The centre's staffing arrangement was subject to regular review, ensuring that a suitable number and skill-mix of staff were on duty to meet the assessed needs of residents. Some residents required full-time one-to-one staff support, while others required a reduced level of staff support and the provider consistently ensured this was available to them. There was some recruitment on-going at the time of this inspection and in the interim, the provider had adequate arrangements in place to ensure that should this centre require additional staffing resources, regular relief staff were available to work in this centre.

Information regarding the provider's complaints procedure was readily displayed throughout the centre, for staff, residents and visitors to reference. The process for making a complaint was regularly discussed with residents and there was a person identified within the organisation to respond and manage any complaints made. At the time of this inspection, this centre had one open complaint and the provider was in the process of closing this out to the satisfaction of the complainant.

The provider had ensured this centre was adequately resourced in terms of equipment, transport and staffing. Good internal communication systems were in place, which ensured staff, both locally at at a senior management level, were regularly maintained informed of any incidents occurring, changes happening and any other organisational matters. Six monthly provider-led visits were occurring in line with the requirements of the regulations, with a subsequent visit planned for the weeks following this inspection. Where improvements were identified within this service, time bound action plans were put in place to address these.

Regulation 14: Persons in charge

The person in charge held a full-time role and was based at the centre, which gave her the opportunity to regularly meet with residents and with her staff team. She was knowledgeable of each resident's assessed needs and of the operational needs of the service delivered to them. This was the only designated centre operated by this provider in which she was responsible for, and current governance and management arrangements gave her the capacity to ensure it was effectively managed.

Judgment: Compliant

Regulation 15: Staffing

This centre's staffing arrangement was subject to regular review, ensuring each resident received the staff support that they were assessed as requiring. Where

residents required specific staff support, this was consistently provided to them. Where additional staffing resources were required from time to time, the provider had adequate arrangements in place to ensure regular relief staff were available to work in this centre.

Judgment: Compliant

Regulation 16: Training and staff development

Effective staff training arrangements were in place, ensuring staff had access to the training they required, appropriate to their role. Where refresher training was required, this was scheduled accordingly by the person in charge. Each staff member was also subject to regular supervision from their line manager.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced in terms of staffing, equipment and transport. Regular staff meetings were occurring, which gave staff and the person in charge an opportunity to discuss resident related care issues. The person in charge also maintained frequent contact with her line manager to review operational related matters. The quality and safety of care was regularly monitored and where improvements were identified, time bound action plans were put in place to address these. This included the completion of six monthly provider-led visits and at the time of this inspection, this monitoring process was subject to review by the provider to ensure its overall effectiveness in identifying specific improvements required within this centre.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had a complaints procedure in place and information about how to make a compliant and about the provider's appeals process was readily available in the centre. Residents were encouraged to use this process, should they become dissatisfied with any aspect of the service that they received. At the time of this inspection, there was one open complaint and the provider was in the process resolving this complaint, to the satisfaction of the complainant.

Judgment: Compliant

Quality and safety

The provider had ensured that this centre was operated in a manner that was cognisant of the individual assessed needs, capacities, wishes and preferences of the residents who lived there.

Effective systems were in place to ensure residents' needs were comprehensively assessed and re-assessed, as and when required. This had a positive impact for residents as it meant timely review of their assessed needs and care interventions, and also allowed the provider to be confident in knowing that they were providing these residents with the current care and support that they required. Personal plans were then developed to guide staff on how best to support these residents and residents were facilitated to be involved, as much as they wanted to be, in the overall planning of their care. Residents' healthcare needs were minimal in this centre, and of those who required support with this aspect of their care, a variety of allied health care professionals were available to support them. Although for the most part, personal plans were developed to a good standard, some improvement was required to the assessments and personal plans in place to support residents who required on-going pain management, to ensure better clarity was given to the specific interventions and supports that they required.

The provider had fire safety precautions in place, including, fire detection arrangements, emergency lighting, all staff had up-to-date training in fire safety, and regular health and safety checks were occurring. Some additional assurances were sought by the inspector regarding the centre's fire containment arrangements and by close of this inspection, these assurances were provided. Multiple fire exits were available throughout, including, two upstairs fire exits, to aid quick escape for those residing in upstairs accommodation. Fire drills were occurring and records of these demonstrated staff could effectively support residents to evacuate in a timely manner. There were waking staff members on duty each night, which meant, that should a fire occur, staff were available to quickly respond. Due to the expansiveness of the setting of this centre, there was a clear fire procedure in place to guide on how staff were to respond and support residents to evacuate, in the event of fire. Staff regularly discussed the centre’s fire evacuation arrangements with residents and residents were facilitated to attend the centre's fire training sessions, if they wished to do so.

The timely identification of risk in this centre was influenced by the regular presence of the person in charge and other members of management, staff daily handover and on-going resident interaction. Where resident specific risk was identified, appropriate action was taken by the provider to ensure residents' safety was maintained. For example, at the time of this inspection, some additional risks were identified in relation to a resident who was recently admitted and the provider had put additional controls in place to mitigate against these risks. The overall

effectiveness of these were being monitored by the person in charge, in consultation with her staff team and line manager, and where required, multi-disciplinary input was also sought to further the oversight of these newly identified risks. However, some improvements were required with regards to the assessment of risk. For example, for some residents who had an identified risk to their personal safety, improvement was required to corresponding risk assessments, to ensure these demonstrated the control measures put in place by the provider in response to this risk. Furthermore, a review of protocols was required to ensure that should any of these residents with this identified risk come to harm, that appropriate guidance was in place to guide staff on what to do. The oversight of organisational specific risks was primarily monitored through the centre's risk register. However, this also required some review to ensure it appropriately supported the person in charge in her on-going oversight of risk in this centre, in areas such as fire safety.

At the time of this inspection, some residents were requiring additional interventions in response to their behavioural support needs. The provider was responsive to this and had ensured additional multi-disciplinary input and staffing resources were put in place, to ensure these residents were receiving the care and support that they required. Although guidance was available to staff in relation to the types of behaviours that some residents displayed, some improvement was required to provide better clarity within this guidance as to the specific triggers, reactive and proactive strategies that were being implemented by staff on a daily basis, in response to identified behaviours.

Although this inspection did identify where some improvements were required to some aspects of this service, this did not impact on the quality of life, service and care that these residents received. The provider operated this centre in a manner that was respectful of each resident's wishes for their future, and provided them with the resources that they required to fulfill their personal aspirations.

Regulation 13: General welfare and development

The provider was providing each residents with appropriate care and support, given due regard to their assessed needs and their wishes. Residents were provided with opportunities for occupation and recreation and had multiple opportunities to participate in activities, in accordance with their interests and developmental needs.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a system in place for the identification, response and monitoring of risk in this centre. However, some improvements were required with regards to the

assessment of risk. For example, for some residents who had an identified risk to their personal safety, improvement was required to their risk assessment to give better clarity on the specific control measures put in place by the provider in response to this. Furthermore, a review of protocols was required to ensure that should any of these residents with this identified risk come to harm, that appropriate guidance was in place to guide staff on what to do. Improvement was also identified to the risk-rating of some resident specific risk assessments, to ensure these risk-ratings were an accurate reflection of the current risk being managed.

Improvement was also required to the risk assessment of organisational risks. For example, although there was a fire risk assessment in place, it didn't support the person in demonstrating the specific control measures that this provider had put in place with respect to fire containment, fire drills, routinely practiced fire safety practices etc.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The provider had effective fire safety precautions in place, including, fire detection and containment arrangements, regular fire drills were occurring, daily fire safety measures were being implemented and all staff had received up-to-date training in fire safety. At night, two waking staff members were on duty, which ensured that should a fire occur at night, staff were available to quickly respond. Each resident had a personal evacuation plan in place and there was also a fire procedure available to staff, outlining how they were to respond, should a fire occur in this centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment of residents' health, personal and social care needs was carried out. In response to the outcome of these assessments, the provider had put in arrangements in place to meet the assessed needs of these residents. Personal goal setting was developed in consultation with residents and key-worker staff were identified to help support residents to work towards achieving their goals.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider had ensure they had access to the relevant allied health care professionals, with regards to this aspect of their care. Although residents' health care needs were assessed for and personal plans put in place to guide staff on how best to support residents, some improvement was required to ensure better clarity and guidance was provided within the assessments and personal planning of residents requiring pain management.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The provider had behaviour support arrangements in place to ensure residents had access to the support and care that they required. Regular mult-disciplinary input was available to review the overall effectiveness of residents' behaviour support interventions and where restrictive practices were in use, the provider had ensured these were only used as a last resort. However, some improvement was required to the guidance in place to support staff with this aspect of residents' care, to provide better clarity with regards to the specific triggers and reactive and proactive strategies to be implemented for specific behaviours.

Judgment: Substantially compliant

Regulation 8: Protection

The provider had safeguarding arrangements in place to ensure all residents were protected from all forms of abuse. Where safegaurding plans were required in response to safeguarding incidents, these were effectively implemented by staff, resulting of no re-occurrence of similar incidents. All staff had also received up-to-date training in safeguarding.

Judgment: Compliant

Regulation 9: Residents' rights

The registered provider ensured that his centre was operated in a manner that respected the age, sexual orientation, disability, family status and personal beliefs of

these residents. Residents were facilitated to be part of the running of their centre and to have as much involvement as they wished, in the planning of their care. Their privacy and dignity was respected through many of the practices and interactions they had with staff and residents also had access to advocacy, should they wished to avail of these services.
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 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	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	Substantially compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Taliesin House & Log Cabins OSV-0003383

Inspection ID: MON-0034105

Date of inspection: 03/10/2022

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
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: Risk Management Procedures the PIC will ensure that the assessed needs of Individuals are reflective in Individual Risk Management Plans (IRMP). Any supporting documents will be maintained in line with their assessed needs to guide staff on the support required for the Individual 1. Individual risk management plans to include risk rating have been reviewed in line with Risk policy to ensure the most up to date information is reflected. Completed 20.10.22 2. Staff team are scheduled to undergo Risk Management training refresher on 03.11.22 to provide guidance to them on the assessment, management, recording and ongoing review of risk. As part of this training a test of knowledge is completed with all team members. Date Due 03.11.2022 3. At daily handovers and team meetings, time is set aside to discuss risk management, identify and review control measures. This provides education and support to all team members. A sign off sheet is completed at the monthly team meeting to confirm who attends. Completed 20.10.2022 4. Person in charge reviewed all Personal Emergency Evacuation plans to ensure that they contained more information specific to each individual we support and identified who required extra support during evacuations. Completed 20.10.22	
Regulation 6: Health care	Substantially Compliant

Outline how you are going to come into compliance with Regulation 6: Health care:
To demonstrate that the Designated Centre is in line with Regulation 6: Healthcare the PIC will ensure that the assessed needs of Individuals are reflective in their Personal Plan and their Specific Health Management Plans (where applicable). Any supporting documents will be maintained in line with their assessed needs to guide staff on the support required for the Individual

1. All health care plans and personal plans have been reviewed with the guidance of a regional support nurse and updates made in line with the needs of each individual. Completed 14.10.2022
2. Nurse will attend the team meeting on the 03.11.22 to provide guidance and support to staff on the updated plans , paying particular emphasis on Specific Health Management plans and pain management. Date Due 03.11.2022.
3. Compassion focus approach training requested for the team and scheduled to take place 01.12.22. In meantime all team members have been briefed on principles of a compassion focussed approach. Date Due 01.12.2022.

Regulation 7: Positive behavioural support	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:
To demonstrate that the Designated Centre is in line with Regulation 7: Positive behavioral support the PIC will ensure that the assessed needs of Individuals are reflective in their Personal Plan and their Multi Element Behavioural Support Plan. Any supporting documents will be maintained in line with their assessed needs to guide staff on the support required for the Individual
1. Full review of Section 5 completed with the Person in charge and with the behaviour specialist clarifying which specific triggers, reactive and proactive strategies apply to which specific behaviors. Completed 10.10.2022

2. The Behaviour specialist is scheduled to attend the team meeting on 03.11.22 to discuss and guide on section 5 of each Individuals personal plan with all team members. Date Due 03.11.2022.

3. At handover each day, all team members are allocated to support Individuals in line with their support needs and hours. This includes ensuring they have read and understood personal plans including proactive and reactive strategies (signed to confirm this as part of the handover) Completed from 10.10.2022 and is ongoing.

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	03/11/2022
Regulation 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	01/12/2022
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is	Substantially Compliant	Yellow	03/11/2022

	challenging and to support residents to manage their behaviour.			