



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

## Issued by the Chief Inspector

Name of designated centre:	The Glade
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	13 March 2024
Centre ID:	OSV-0005398
Fieldwork ID:	MON-0039105

## About the designated centre

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

This is a centre providing full-time residential services for up to 6 adults with disabilities. The centre comprises of a large, detached two-story dwelling located in Co. Louth. Each resident has their own private bedroom (four of which are en-suite) and communal facilities include a large kitchen/dining area, two sitting rooms and private gardens areas to the front, side and rear of the premises. Transport is provided to residents so as they have access to community based facilities such as shops, post-office, banks, restaurants, hotels and shopping centres. Residents have a range of educational and day service options available to them, where they can engage in a range of educational and social activities of interest to them, attend school or engage in skills development training initiatives. There are systems in place so as to ensure the healthcare needs of the residents are provided for and access to a range of allied healthcare professionals form part of the service provided. The centre is staffed on a 24/7 basis with a qualified person in charge, a team leader, a two deputy team leaders and a team of social care workers/assistant support workers. There is also a management on-call system in place so as to support the overall governance and managerial oversight of the centre.

**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
Wednesday 13 March 2024	09:45hrs to 17:05hrs	Raymond Lynch	Lead

## What residents told us and what inspectors observed

The centre comprised of a large detached house in Co. Louth with the addition of a stand-alone one-bedroom apartment on the grounds of the property. At the time of this inspection, there were three residents living in the main house of the centre and one living in the apartment. The inspector met with one of the residents and spoke with them over the course of the inspection process. Written feedback from the residents on the quality and safety of care was also viewed as part of this inspection and, the inspector spoke with one family representative over the phone to get their feedback on the service provided.

On arrival to the centre the inspector observed that the house was spacious, clean, warm and welcoming. There was a large private garden/driveway area to the front of the property and a large private well-maintained garden area to the rear. At the side of the property there was ample private parking space available.

The person in charge met with the inspector and showed them around the property. Each resident had their own ensuite bedroom and they were decorated to their individual style and preference.

The person in charge explained to the inspector that none of the residents attended a day service. However, they planned their own activities each week and each day with their key workers. On the day of this inspection one resident had planned to go to the gym with their key worker. The inspector also observed another resident going for a drive later in the day.

Residents also liked to go swimming, browse the local shops read and write, go to the cinema, go for walks, use their computers, relax at home and, keep in contact with their family (over the phone and visiting family members). The person in charge explained to the inspector that they were currently exploring opportunities with the residents to attend educational programmes of interest.

One resident spoke with the inspector for some time over the course of the inspection. They said that they were happy in the service and would talk to staff if they had any problems. They also said that they liked to do their own thing and on the day of the inspection chose to have their breakfast in the sitting room while watching TV. The resident was familiar with the role and purpose of the Health Information and Quality Authority (HIQA) and spoke to the inspector about previous inspections of the centre. Later on they spoke about TV programmes and actors that they liked and said they were very happy in the house. They also said that they get on very well with some of the staff members and named one of them in particular. At the end of the conversation they told the inspector that they didn't like a previous placement they were in a number of years back however, the reiterated that they were happy in this house and happy with their room.

The inspector also observed that this resident liked to speak with staff and, staff

were professional, person centred and warm in their interactions with the them. At times over the course of the inspection the resident also needed reassurance from staff and staff were at all times available to the resident so as to ensure they had what they needed.

On review of a sample of files, the inspector observed that due to residents assessed needs, they required input and support from the multi-disciplinary team. This support was provided for and residents had access to General Practitioner (GP) services, mental health and behavioural support professionals. A number of restrictive practices were also in place so as to support the residents safety and well-being in the centre however, these were kept under review. Additionally, the person in charge and a behavioural specialist had reviewed all restrictive practices in use in the centre the day before this inspection and informed the inspector that based on this review, some restrictions would be removed as they were no longer required.

Written feedback on the quality and safety of care from residents was generally positive and complimentary. One resident reported that while they were happy at this time in the house and, they liked speaking with their advocate, they would like to move on to a different setting. Another resident said they were happy with the support they received and liked going out in the company of the staff team, while another said that they liked the house.

A family representative spoken with over the phone was also positive about the quality and safety of care provided in the centre. They said that they can speak with staff at any time and their relative had everything they needed. They also said that the service was good and they were kept informed about their relatives progress. They expressed one concern about one aspect of their relatives overall well-being however, the person in charge was aware of this and had a strategy in place to address this issue. The family member also said that their relative had everything that they needed.

While the the resident met with on the day of this inspection appeared happy and content in their home and feedback from residents and a family representative was generally positive, this inspection found minor issues with governance and management and risk management.

The next two sections of the report outline the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of care provided to the residents.

## Capacity and capability

On the day of this inspection, the resident met with appeared happy and content in their home and, systems were in place to meet their assessed needs. However, a

minor issue was identified with regulation 24: governance and management.

The centre had a clearly defined management structure in place which was led by a person in charge and two shift lead managers. They were supporting in their role by an assistant director of operations and a director of operations.

A review of a sample of rosters indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge and in line with the statement of purpose.

Staff spoken with had a good knowledge of residents' individual care plans. Additionally, from a sample of training records viewed, the inspectors found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

The provider had systems in place to monitor and audit the service. An annual review of the quality and safety of care had been completed for 2023 and, a six-monthly unannounced visit to the centre had been carried out in March 2024. It was observed however, that an aspect of the localised audits/monitoring required review.

#### Regulation 14: Persons in charge

The person in charge met the requirements of S.I. No. 367/2013 - Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (the Regulations).

They were a qualified professional who had recently completed an additional management qualification. They had only recently commenced the role of person in charge in the centre and were found to be aware of their legal remit to the regulations and responsive to the inspection process.

They had a schedule in place for the supervision of their staff team and were aware of the assessed needs of the residents.

Judgment: Compliant

#### Regulation 15: Staffing

From a review of a sample of rosters from February 2024 the inspector found that there were adequate staffing arrangements in place to meet the assessed needs of the residents and as described by the person in charge and deputy house manager.

For example, six staff worked each day and 3 staff at night. Two of the night staff

provided 12 hour waking night cover and one was on sleepover duties.

At the time of this inspection there were four residents living in the centre. Two residents were on 2:1 staff support throughout the day while the other two were on 1:1 staff support.

Systems and schedules were in place so as to ensure staff were being supervised by the person in charge and/or shift lead managers.

The person in charge also maintained planned and actual rosters in the centre clearly showing what staff were on duty each day and night.

Staff files were not viewed as part of this inspection process.

Judgment: Compliant

## Regulation 16: Training and staff development

From a sample of training records viewed, the inspector found that staff were provided with the required mandatory training to ensure they had the necessary skills to respond to the needs of the residents.

For example, staff had undertaken a number of in-service training sessions which included:

- safe administration of medication (to include a practical exam)
- fire safety/fire marshal training
- manual handling
- safety interventions
- basic first aid
- protection and welfare
- food hygiene
- hand hygiene
- personal intimate care
- autism training
- blood pressure
- donning and doffing of personal protective equipment
- safeguarding
- managing behaviour
- children's first

It was also observed that five staff members had completed first aid responder training and the person in charge has schedules an additional four staff members to complete this training by the end of March 2024.

Staff spoken to by the inspector demonstrated a good knowledge of the assessed



needs of the residents.

Judgment: Compliant

### Regulation 23: Governance and management

On the day of this inspection there were clear lines of authority and accountability in the centre.

The centre had a clearly defined management structure in place which was led by an experienced and qualified person in charge. They were supported in their role by two shift lead managers. Additionally, an assistant director of operations and director of operations provided support to the management team of the centre.

It was also observed that there was an out of hours on call system available to staff if any support and/or assistance was required.

The designated centre was being audited as required by the regulations and an annual review of the service had been complete for 2023 along with a six monthly unannounced visit to the centre in March 2024.

These audits identified any issues in the service along with a plan of action to address those issues in a timely manner.

For example, the auditing process identified the following:

- some restrictive practices required review
- floor plans were to be attached to residents individual personal emergency evacuation plans
- the complaints process was to be discussed with residents at key working sessions]
- some consent forms required review

These issues had been actioned and addressed at the time of this inspection. It was also observed that some maintenance issues were ongoing in the centre however, the management team were aware of this and on the day of this inspection a member of the maintenance team was in the house addressing some of these issues.

Notwithstanding, aspects of the localised audits/monitoring required review. For example, an action highlighted on a medication audit had been closed off however, the issue as highlighted by the audit had not been fully addressed.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The statement of purpose was reviewed by the inspector and met the requirements of the regulations.

It contained the aim and objectives of the service as well as detailing the facilities to be provided to the residents.

It had recently been updated to reflect the change of person in charge in the centre.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the chief inspector of any adverse incident occurring in the centre as required by the regulations.

Judgment: Compliant

## Quality and safety

On the day of this inspection, one resident met with appeared happy and content in their home and systems were in place to meet their assessed needs. However, a minor issue was identified with the process of managing risk.

Residents' assessed needs were detailed in their individual plans and from a sample of files viewed, they were being supported with their healthcare-related needs. Residents had as required access to a range of allied healthcare professionals to include GP services and mental health supports.

Systems were in place to safeguard the residents to include policies, procedures and reporting structures. Systems were also in place to manage and mitigate risk and keep residents safe in the centre. However, an aspect of the risk management process required review.

The house was found to be spacious, clean, warm and welcoming on the day of this inspection and, was laid out to meet the needs of the residents.

Overall this inspection found that the resident met with appeared happy and content in their home, however, as identified above, an aspect of the risk management

process required review.

## Regulation 10: Communication

From reviewing one residents file the inspector observed that residents were assisted and supported to communicate in accordance with their needs and wishes.

Residents communication preferences were detailed in their individual personal plans as well as their hospital passports.

Additionally, residents had access to a telephone, TV, radio, computers and Internet. It was observed that one resident required staff support when accessing the Internet due to their assessed needs and potential risks involved.

Judgment: Compliant

## Regulation 13: General welfare and development

Residents were provided with care and support based on their assessed needs. They had opportunities to participate in activities in accordance with their individual interests, capacities and development needs.

Residents did not attend a day service however, they planned their week and daily routines with their key workers and participated in activities that they liked.

For example, one resident liked to write in their diary, other residents liked to go to the gym, some liked to explore and go for walks and also liked to do their own shopping.

A staff member spoken with said that last year the residents went on holidays to Wexford and really enjoyed this break and this year they were planning to go to Cork.

The person in charge also informed the inspector they were currently exploring opportunities with the residents to attend educational programmes of interest.

Additionally, residents were supported to maintain personal relationships with family and relatives.

It was observed that the process and documentation of weekly and daily planning of activities with the residents required some review however, the person in charge was aware of this and had plans in place to address it.

Judgment: Compliant

### Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents. They were observed to be clean, warm, welcoming, well maintained and spacious.

Each resident had their own ensuite bedroom decorated to their individual style and preferences. Additionally, one resident had their own one-bedroom self-contained apartment on the grounds of the centre.

The centre had access to a maintenance department and any issues with the premises was reported into same. On the day of this inspection a member of the maintenance team was on site repairing some doors.

There were well maintained private garden areas to the front and rear of the property with ample private parking space to the side of the house.

Judgment: Compliant

### Regulation 26: Risk management procedures

Systems were in place to manage and control risk in the centre. For example, there were policies and procedures for the management of risk and each resident had a number of individual risk management plans on their individual files.

For example, where a resident may be at risk in the community or at risk due to behavioural issues, they were provided with 1:1 and/or 2:1 staff support. Residents also had access to a team of multi-disciplinary professionals to include behavioural support where required. Additionally, where required, environmental risk assessments were also in place.

It was observed however, that one aspect of the risk management process required review.

For example, the control measures in place to manage a risk related to family access were not adequately stated in a resident's individual risk management plan.

Additionally, it was observed that due to a risk related to one resident having epilepsy, they were to be reviewed by a specialist on an annual basis. However, from speaking with the director of operations, this was no longer required and a GP was now reviewing the resident. Again, this was not adequately stated in the resident's care plan.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

Fire-fighting systems were in place to include a fire alarm system, fire doors, fire extinguishers and emergency lighting/signage. Equipment was being serviced as required by the regulations.

For example, the emergency lighting and fire alarm panel had last been serviced on February 02, 2024 and the fire extinguishers serviced in March 2023.

Fire drills were being conducted as required by the regulations and each resident had an up-to-date personal emergency evacuation plan in place. The last fire drill conducted in February 2024 informed that all staff and residents evacuated the building in two minutes and 45 seconds with no issues occurring.

Staff also completed as required checks on all fire equipment in the centre and from a small sample of files viewed, had training in fire safety.

It was observed that one fire door needed attention in the centre however, on the day of this inspection a member of the maintenance department was present in the centre and had the door repaired prior to the end of the inspection process.

Judgment: Compliant

## Regulation 6: Health care

From a small sample of files viewed the inspector observed that residents were being supported with their healthcare-related needs and had as required access to a range of allied healthcare professionals.

This included as required access to the following services:

- GP services
- dentist
- occupational therapy
- chiropody
- audiology
- optician
- physiotherapy
- dietitian

Additionally, each resident had a number of healthcare-related plans in place so as to inform and guide practice. It was observed that one epilepsy-related care plan

required updating however, this was actioned under regulation 26: risk management procedures.

Hospital appointments were facilitated as required and each resident had a hospital passport on file.

Judgment: Compliant

## Regulation 8: Protection

On the day of this inspection, systems were in place to safeguard the residents and where or if required, safeguarding plans were in place. At the time of this inspection there were number of active safeguarding plans in place in the centre. However the person in charge and director of operations confirmed the following to the inspector:

- all safeguarding concerns (to include allegations) were dealt with via the safeguarding pathways in the service to include preliminary screening and the development of safeguarding plans
- all safeguarding concerns and/or allegations were reported to the person in charge and designated officer in the service
- all safeguarding concerns and/or allegations were reported to the national safeguarding team
- where or if required, safeguarding concerns were reported to An Garda Síochána  
all allegations and safeguarding concerns were reported to the Health Information and Quality Authority

The inspector also noted the following:

- policies and procedures were available in the centre on safeguarding
- easy to read information was available on safeguarding, advocacy and complaints
- at residents meetings/residents forums, the concepts of rights, complaints and safeguarding were discussed
- pictures of the safeguarding officer and complaints offer were on view in the centre
- a family member said that were happy with the care and support and would raise a concern if they had one
- a resident spoken with said they would talk to staff if they needed something
- residents had access to advocacy services

Additionally, from a small sample of files viewed staff had training in

- safeguarding of vulnerable adults
- children's first
- protection and welfare

- provision of intimate care

It was observed that at times, some residents could impact on others peaceful enjoyment of their home and where required, these incidents were reported via the safeguarding pathways. However, one resident was discharged from the centre in 2023 and these issues have since reduced.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant



# Compliance Plan for The Glade OSV-0005398

Inspection ID: MON-0039105

Date of inspection: 13/03/2024

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> <li>1) The Person in Charge (PIC) will ensure Nua's Maintenance Department will close out remaining maintenance tasks. Note: This was completed on 12 April 2024</li> <li>2) The actions arising from the 6-monthly Quality Assurance audit will be completed by the PIC, proofs will be maintained on file in the Centre. This was completed on 12 April 2024</li> <li>3) The PIC will complete training with the Centre management team, on the completion of internal audits, inclusive of the weekly medication audit and close out of actions arising.</li> <li>4) The PIC will complete a weekly review of the medication audit tool ensuring that it has been completed accurately, and actions arising have been closed as required.</li> </ol>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ol style="list-style-type: none"> <li>1) The Person in Charge (PIC) to complete a full review of the Comprehensive needs assessment and Individual risk management plans, ensuring that all risks are appropriately identified, assessed with control measures identified to mitigate same.</li> </ol>	

2) The Personal Plan, Specific health management plan and Individual risk management plan for Individual with epilepsy will be reviewed in full, ensuring that they are reflective of the allied health reviews required.

3) The personal plan and Individual risk management plan for Individual with specific supports relating to family access will be reviewed in full to ensure that they are reflective of the controls in place to facilitate same.

4) The amendments to documentation will be discussed at the April team meeting ensuring all Team members are aware of same.

## 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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	29/04/2024
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	22/04/2024