



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

Issued by the Chief Inspector

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| Name of designated centre: | Greenacres |
| Name of provider: | Nua Healthcare Services Limited |
| Address of centre: | Wexford |
| Type of inspection: | Announced |
| Date of inspection: | 27 March 2024 |
| Centre ID: | OSV-0005803 |
| Fieldwork ID: | MON-0034900 |

About the designated centre

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

Greenacres is a designated centre located in a rural area in Co.Wexford. Greenacres aims to provide 24-hour care to both male and female aged between 17 to 21 years of age with a wide range of support needs including Intellectual Disabilities and Autism Spectrum Disorder (ASD). The centre is staffed by a full time person in charge and a team of social care workers and assistant support workers. Nua Healthcare also provide the services of the Multidisciplinary Team. These services include; Psychiatrist, psychologist, Occupational Therapist, Speech and language Therapist and nurses.

The centre itself is a two-storey detached house. The ground floor consists of kitchen/dining area, living room, utility, WC and foyer. On this level there is also an individual supported living area with consists of bedroom 1 with en-suite and living room/kitchenette. There is also spacious gardens and a trampoline for recreation. There is a recreational & play area which is situated at the back of the property. On the first floor, there is bedroom 2 with en-suite, bedroom 3 with en-suite, main bathroom, a staff office and a landing. Amongst the local amenities are hairdressers, a library, local parks, a community centre, horse riding centre, GAA club, selection of restaurants, shops, and social groups

The following information outlines some additional data on this centre.

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| 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 |
|----------------------------|-------------------------|---------------|------|
| Wednesday 27 March 2024 | 09:45hrs to 17:15hrs | Miranda Tully | Lead |

What residents told us and what inspectors observed

This was an announced inspection completed to monitor levels of compliance with regulations and to inform the upcoming decision in relation to the renewal of the centre's registration. The inspector had the opportunity to meet with two residents that lived in the centre. In addition to speaking with residents, the inspector observed daily routines with residents, spent time discussing residents' specific needs and preferences with staff and completed documentation review in relation to the care and support provided to residents. Overall, it was found that the care and support was person-centred and in line with the residents' specific needs.

On arrival at the centre, it was noted that it was a well-maintained, large two-storey detached residence. All residents had their own en-suite bedrooms and these had been personalised to suit their preferences. The two residents present of the day of inspection showed the inspector their bedrooms and living areas. One resident had a separate individual supported living unit, where they had a separate living and kitchen area along with an en-suite bedroom. At the time of inspection staff were preparing breakfast and advised that the resident would usually assist with cooking. There were facilities for washing clothes and staff reported that the resident was developing their life skills. The resident had also begun collecting recyclables in order to save money. Staff were engaging with the resident and utilising this opportunity to enhance money management skills. It was noted that while the living space included the necessary resources, it was compact and would require review in the long term. The provider had advised that this would be continually assessed in line with the resident's needs. The resident on the day of inspection appeared comfortable in staff presence and appeared to enjoy greeting and showing the inspector around. They later left with staff to attend arranged tutoring.

The second resident was in bed at the commencement of the inspection as it was their planned day off. They later met with the inspector and spoke with them about their interests and hobbies before showing them their room. The resident appeared content and enjoyed sharing jokes. It was evident that the resident had a busy schedule and was supported to complete activities in line with their wishes. They were currently engaged in day services and volunteer work, while also completing recreational activities such as swimming and horse riding. On the day of inspection they visited a car garage as this was a keen interest of theirs also. As noted previously the resident showed the inspector their bedroom, which was personalised and included pictures of cars and things which were important to the resident. The resident appeared to take pride in their bedroom.

There was a large, well maintained garden surrounding the property, which included grass areas to play football and sports. There was also an external room which could be utilised as an additional recreational space.

As this inspection was announced, the residents' views had also been sought in advance of the inspector's arrival via the use of questionnaires. The response from

residents was positive with residents noting they liked where they lived, could make their own choices and decisions and were supported by staff.

High levels of staff support were noted in the centre and the staff team appeared knowledgeable regarding the residents' individual preferences and needs when speaking with the inspector.

In summary, based on what the residents communicated with the inspector and what was observed, it was evident that the residents received a good quality of care and support. It was found that the care and support provided was person-centred and in line with the residents' specific needs in this centre.

The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall the inspector found that the registered provider was demonstrating effective governance, leadership and management arrangements in the centre which ensured they were effective in providing a good quality and safe service.

The provider had established good systems to support the provision of care and support to residents. There was evidence of regular quality assurance audits of the quality and safety of care taking place. Quality assurance audits identified areas for improvement and action plans were developed in response.

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. On review of relevant documentation there was clear evidence the person in charge was competent, with appropriate qualifications and skills to oversee the centre and meet its stated purpose, aims and objectives. The person in charge demonstrated good understanding and knowledge about the requirements of the Health Act 2007, regulations and standards. The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, there was an experienced and consistent staff team in place in this centre and there were high levels of staff support for residents. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

The inspector reviewed a sample of the roster and found that there was a core staff team in place which ensured continuity of care and support to residents. On the day of the inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents. Planned and actual rotas were also maintained and found to contain the required information.

On-call arrangements were in place and communicated to staff to ensure access to managerial support at times when this may be required.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The staff team in the centre had up-to-date training in areas such as fire safety, safety intervention, safeguarding, first aid, childrens' first, infection control and medication management. The inspector reviewed the staff training records and found that all staff had received up to date training or refresher training had been scheduled.

Staff received regular one to one formal supervision with line managers. In addition, practical supervision and mentoring was also completed regularly.

Judgment: Compliant

Regulation 23: Governance and management

High levels of compliance with the regulations reviewed were observed on the day of inspection. There was a clearly defined management structure in place. The governance systems in place ensured that service delivery was safe and effective through the ongoing audit and monitoring of its performance resulting in a thorough and effective quality assurance system. For example, there was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents' needs. The quality assurance audits included the annual review and six-monthly provider visits. These audits identified areas for improvement and developed action plans in response. In addition the person in charge had a system

for tracking and providing evidence of completed actions.

Judgment: Compliant

Regulation 31: Notification of incidents

All required notifications had been submitted to the office of the chief inspector in line the requirements of regulation.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the provider and local management team were striving to ensure residents were in receipt of a good quality and safe service. The inspector reviewed a number of areas to determine the quality and safety of care provided, including review of premises, review of risk management, general welfare and development, management of personal possessions, protection and medication management.

Residents were found to be supported to engage in various social activities. Plans clearly outlined the supports residents may require. Residents were being supported to develop and achieve their goals and participate in a range of activities.

Regulation 12: Personal possessions

The inspector reviewed residents' finances and that found that there were appropriate local systems in place to provide oversight of monies held by residents physically in the centre. For example, local systems included day-to-day ledgers, storage of receipts and regular checks on the money held in the centre. The provider had identified risks associated with one resident's spending, the provider was seen to implement appropriate controls to supports the resident, this included education and regular oversight. It was evident that the risk was reviewed regularly with the resident.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were being supported to develop and achieve their goals and participate in a range of activities. A sample of residents personal plans were reviewed. These plans clearly outlined the supports residents may require. Residents attended day services and were also supported by staff in the centre. Residents were provided with a variety of in-house and community activities. For example, horse riding, swimming and go karting.

One resident was in receipt of two hours tuition per week through the provider, it was evident that efforts had been made to source additional education however this had been unsuccessful. The resident was due to recommence social farming later in the Month and day service assessment had commenced.

Judgment: Compliant

Regulation 17: Premises

The premises was well maintained internally and externally. All residents had their own bedrooms which were decorated to reflect their individual tastes. The design and layout of the centre was in line with the statement of purpose. The centre was a two-storey detached house. The ground floor consists of kitchen/dining area, living room, utility and toilet. There was also an individual supported living area which consists of a bedroom with en-suite and living room/kitchenette. It was noted that while the living space included the necessary resources, it was compact and would require review in the long term. The provider had advised that this would be continually assessed in line with the resident's needs. On the first floor, there were two bedrooms with en-suite, main bathroom and staff office. There was a large, well maintained garden surrounding the property, which included grass areas to play football and sports. There was also an external room which could be utilised as an additional recreational space.

Judgment: Compliant

Regulation 26: Risk management procedures

The safety of residents was promoted through risk assessment, learning from adverse events and the implementation of policies and procedures. It was evident that incidents were reviewed and learning from such incidents informed practice. There were systems in place for the assessment, management and ongoing review of risks in the designated centre. For example, risks were managed and reviewed through a centre specific risk register and individual risk assessments. The individual

risk assessments were up to date and reflective of the controls in place to mitigate the risks.

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for fire safety management. All staff had received suitable training in fire prevention and emergency procedures. There were adequate means of escape, including emergency lighting. The centre had suitable fire safety equipment in place, including emergency lighting, a fire alarm and fire extinguishers which were serviced as required. There was evidence of regular fire evacuation drills taking place in the centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

A policy was in place to ensure staff managed and administered medication in a safe and responsible manner in line with best practice. Medication management plans and assessments were available and kept up-to date. All staff had received training in the safe administration of medications. The provider had appropriate and suitable practices in relation to the ordering, receipt, prescribing, storing (including refrigeration of medicines), disposal and administration of medicines. The inspector observed secure storage for medication. There were appropriate procedures for the handling and disposal of unused and out-of-date medicines, including controlled drugs. There was evidence of regular checks being completed on the medications in the centre.

Judgment: Compliant

Regulation 8: Protection

The centre was a mixed centre for both adults and children, measures had been taken by the provider to ensure residents were protected by the policies, procedures and practices relating to safeguarding and protection. Staff had completed training in relation to safeguarding and protection and were found to be knowledgeable in relation to their responsibilities should there be a suspicion or allegation of abuse. The inspector reviewed safeguarding incidents that had been reported and found clear follow up, learning from and corrective actions had been implemented

effectively.

Judgment: Compliant

Regulation 9: Residents' rights

Throughout the inspection the inspector observed residents being treated with dignity and respect. There was information available for residents in relation to their rights, complaints and advocacy services. Through observation and review of systems in place it was evident that residents were facilitated to exercise choice and control across a range of daily activities and to have their choices and decisions respected. Residents were seen to be consulted regarding how the centre was run with regular discussion.

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 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 29: Medicines and pharmaceutical services | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |