

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

Issued by the Chief Inspector

Name of designated centre:	The Gables
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Meath
Type of inspection:	Announced
Date of inspection:	06 September 2022
Centre ID:	OSV-0007771
Fieldwork ID:	MON-0028832

About the designated centre

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

The Gables is a designated centre situated in a rural setting, just outside a small town in Co. Meath. Residential care and support is provided for up to four children with disabilities both male and female aged between 11 to 18 years of age, with a wide range of support needs including Intellectual Disabilities and Autism Spectrum Disorder (ASD). The main house is a single storey building which contains a kitchen, dining area/lounge, play room and office, together with three individual living areas, each with its own bedroom, bathroom and living area. There is also a self contained apartment adjacent to the main house. . Children are supported 24 hours a day, seven days a week by a staff team consisting of a person in charge, deputy team leader, social care workers, assistant support workers and relief staff. The centre is located close to local amenities such as shops, schools, shopping centres, cinemas and there is transport provided for children to ensure they can access their local community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 6 September 2022	09:00hrs to 17:00hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This was an announced inspection conducted in order to monitor compliance with the regulations, and to inform the renewal of registration decision.

The designated centre can accommodate four residents, all children under the age of 18. Each has their own self-contained apartment, together with communal areas. Three residents live in the main building, and each has their own bedroom, bathroom and living area. An additional apartment had been added to the designated centre, which was entirely self-contained. On the day of the inspection, this was not yet occupied.

There was a child friendly outside area, including a spacious garden in which there was a trampoline, go-carts and various other items of play equipment. This, together with inside communal areas was being slowly introduced to the children to ensure their compatibility, in accordance with their assessed needs.

On arrival at the centre the inspector immediately saw that accessible information was available to residents, and that their communication aids were well displayed. Current Infection Control and Prevention (IPC) practices were in place.

The inspector met or spoke to the three children who were resident on the day of the inspection. All of the residents had their own individual ways of communicating, and staff supported the inspector to engage with them throughout their interactions.

One of the residents who was out on their daily routine rang in to speak to the inspector, a whilst they were shy and did not have much interaction with the inspector, they went on to speak to the staff member on the phone, and the inspector observed that they had a good chat and described their day, and chatted happily. They spoke to the staff member about being in the 'green zone' which staff told the inspector was their way of describing their current mood. They discussed their plans for the week, and spoke about the behaviour support plans in place for them, and how this helped them to be in the 'green zone'. It was evident during the inspection that priority was given to the communication needs of residents, and this was one clear example of this.

Other examples included the use of pictorial communication with residents. There was evidence all through the centre of this type of communication being facilitated. There were aids to communication available and in use throughout, including picture cards and signs. There were multiple examples of accessible information being made available to residents.

One of the residents invited the inspector into their personal space, and the inspector saw that communication aids were in place. Pictorial aids were evident all around, and staff were not only using these aids, but were actively teaching the

resident how to use them.

All of the individual living areas were personalised and decorated in accordance with the preferences of residents, including the colours of soft furnishings and paintwork, and personal items and toys.

Staff were observed to be assisting the children with their daily routines and activities, including their homework, and the children were clearly responding well. There were aids for children to point towards the next requested activity, and for staff to respond to these requests. Learning activities were underway for some of the children, and appeared to be very effective in terms of keeping them engaged. It was apparent that staff were skilled in this area.

Some residents had particular needs in relation to managing their behaviour, and the inspector observed staff to be following the guidelines in a knowledgeable and caring way. Again this was dependant on good communication, and also on following a strict protocol in relation to behaviours of concern. The inspector observed that this part of residents' lives was safely managed. There were both reactive and proactive strategies in place, and staff were observed to be competent and caring in the implementation of these strategies. It was clear from documentation reviewed by the inspector that these strategies were implemented consistently, recorded in a timely manner, and that they were effective. Residents were being facilitated not only in homework, but also to develop functional skills such as learning about money and its value.

Extensive efforts had been made to ensure that residents' families were given all the up-to-date information about the support needs of their relatives so that they could be involved in any decision making, and that they were consulted regularly.

Overall, the inspector found residents' needs were met, and their choices were supported. The systems and arrangements that the provider had put in place in this centre ensured that the residents were encouraged to learn, to communicate and to develop self-help skills, and that they were well supported by an effective staff team.

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

Capacity and capability

There was a clear management structure with established lines of accountability. The person in charge was appropriately experienced and qualified. They were supported by an area manager, and a regular staff team. They were found to be knowledgeable and competent, and fit for the role.

Various monitoring processes were in place. Both an annual review and six monthly unannounced visits on behalf of the provider had been completed in accordance with the regulations. Whilst the annual review had been an audit rather than an overall review, it covered all the regulations, and concluded with a brief overview of the service, and referred to the 'service users' survey'. An 'easy read' version of the audit was available for residents.

The six monthly unannounced visits on behalf of the provider which had been conducted were detailed audits of the care and support offered to residents. Any required actions were monitored by the person in charge, and all had been completed within their timelines.

Communication with the staff team was maintained through staff meetings. The minutes of these meetings were reviewed by the inspector, and the meetings were found to be meaningful and effective. All aspects of the support offered to residents was discussed at these meetings. Behaviour support was a standing agenda item, as were the goals for each resident. Infection prevention and control (IPC) was also an ongoing issue for review and discussion. Any required actions were monitored, and reviewed at the subsequent meetings.

Accidents and incidents were recorded and monitored, and again, any required actions were monitored to ensure that they had been implemented, and closed off when complete.

Staff numbers and skills mix were appropriate to meet the needs of residents. There was a consistent staff team, and all mandatory training was up-to-date. In addition, staff were all in receipt of training specific to the needs of residents, including in-house training relating to the particular behaviour support needs of residents.

All staff engaged by the inspector were knowledgeable, and all interactions observed during the inspection were appropriate, and in accordance with the guidance outlined in the care plans of each resident. Staff could describe in detail the learning from their training, and how they would apply it in practice.

Regular formal staff supervision conversations had taken place, and the Person in Charge described the way in which informal supervision was on-going. Spot checks of staff were undertaken by the management team, and where failings were identified, these were dealt with immediately and effectively.

There was a formal complaints procedure in place, and residents know how to raise any concerns. Where a complaint had been raised by a resident, it was well managed, explanations were given, and the matter was resolved.

Registration Regulation 5: Application for registration or renewal of registration

All the information required to support the application to renew the registration of

the designated centre had been submitted.
Judgment: Compliant
Regulation 14: Persons in charge
The person in charge was appropriately skilled, experienced and qualified, had a detailed knowledge of the support needs of residents and was involved in oversight of the care and support in the centre.
Judgment: Compliant
Regulation 15: Staffing
There were sufficient staff to meet the needs of residents, and consistency of care and continuity of staff was maintained.
Judgment: Compliant
Regulation 16: Training and staff development
Staff were in receipt of all mandatory training, and additional training had been provided in accordance with the specific needs of residents.
Judgment: Compliant
Regulation 19: Directory of residents
The directory of residents included all the required information.
Judgment: Compliant
Regulation 22: Insurance

Appropriate insurance cover was in place.
Judgment: Compliant
Regulation 23: Governance and management
There was a clear management structure in place and robust systems to monitor the quality of care and support delivered to residents.
Judgment: Compliant
Regulation 3: Statement of purpose
The statement of purpose contained all the information required by the regulations, and accurately described the service provided.
Judgment: Compliant
Regulation 31: Notification of incidents
All required notifications were made to HIQA within the required timeframes.
Judgment: Compliant
Regulation 34: Complaints procedure
There was a clear complaints procedure which was available in an accessible version, and residents knew who to approach if they had a complaint
Judgment: Compliant
Quality and safety
Residents were receiving appropriate care and support that was person centred and

specific to the individual needs of each.

Detailed personal plans were in place for each resident, and these were based on comprehensive assessments of residents' health and social care needs. The plans included information on activities, communication and health care. Where some small details in these personal plans was not current, staff were confident in describing the up-to-date information, and the plans were updated during the course of the inspection.

The personal plans included person centred goals for residents, and there was clear evidence that some of these goals had been attained by residents with the support of staff, and the achievement of these goals improved the quality of life for those young people. For others, some long term goals had been broken down into smaller steps, and residents had achieved some of these small steps, and had a way of marking these steps so that they could clearly see their progress.

Strategies for staff to support residents with their daily lives, behaviours and communication were clearly outlined, and all staff engaged by the inspector could describe these strategies, and knew when to use them. This included various ways of communicating with residents, and these strategies, and supporting equipment and items were observed by the inspector to be in regular use.

Healthcare needs were responded to appropriately, and plans of care had been developed for any assessed needs. Residents had access to various members of the multi-disciplinary team, and records of engagement with these professionals, together with their recommendations were maintained. These recommendations were clearly seen to be implemented, including the recommendations from the dietician, the optician and the behaviour support specialist. The young people also had access to an education tutor, and staff were observed to be following their guidance.

Behaviour support plans were in place for those residents who required support in this area. They were detailed and had been developed in conjunction with various members of the multi disciplinary team (MDT). It was clear from a review of documentation and from discussion with staff and management that significant progress had been made with some residents, and that there were improved outcomes as a result.

Any restrictive practices were monitored, and there was an ethos of ensuring that the least restrictive interventions were in place, together with a plan for each resident to reduce the level of restrictions immediately that it was safe to do so.

There were systems in place to respond to safeguarding concerns. All staff had received training in the protection of vulnerable adults, and demonstrated their learning from this training. However, where there was a care order in place for one of the children, there was no documentation available as to the content of the order. In addition, the inspector conducted a spot check of the finances of one of the residents, and the balance was incorrect. Whilst there was no shortfall in the balance, it had been wrongly signed off as being correct. Therefore, there was

insufficient evidence to ensure that any shortfall would have been identified.

Various fire safety precautions were in place, including all required fire safety equipment. A detailed personal evacuation plan was in place for each resident which included a social story to assist residents' understanding. Staff had all been in receipt of up-to-date training, Regular fire drills had been undertaken, and any difficulties identified in these drills had been addressed.

Appropriate infection prevention and control measures in place. There was a current infection control policy in place, together with a contingency plan to be implemented in the event of an outbreak of an infectious disease. The inspector observed throughout the inspection that current public health guidelines were observed. Vaccination records for the children were maintained, and there was clear oversight of these records.

There was a risk register in place which included all identified risks, including risks individual to residents. All associated risk management plans had been recently reviewed. Any restrictive practices had been risk rated and assessed, and were the least restrictive possible to mitigate the identified risks. The inspector reviewed in detail the risk management plans for two of the residents, and found them to be comprehensive.

Residents were supported by staff with medication management. Medications were stored appropriately and well monitored. The inspector observed administration practice which was both safe and person centred. The inspector also checked the stocks of medication and found it to be in order.

Residents were supported to have their rights upheld, and to have their voices heard. Any restrictions in place were very clearly the least restrictive to ensure the safety of residents. Rights were regularly discussed with residents, and these discussions were found to be meaningful and to lead to changes in accordance with the wishes of residents.

Overall the provider had ensured that residents' needs were met, and that they were supported in having a meaningful life, and to progress in accordance with their identified needs. They were supported by a consistent and capable staff team, led by a competent person in charge.

Regulation 10: Communication

Residents were supported in communication so that their voices were heard, and that information was available to them.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were provided with appropriate care and support in accordance with their assessed needs and preferences. Residents were supported in their education, and in the development of the skills of daily living.

Judgment: Compliant

Regulation 17: Premises

The premises were appropriate to meet the needs of residents. There were sufficient communal and personal spaces. There were play areas both indoors and outside in a spacious garden.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a detailed risk assessment and management plan in place for all identified risks, both environmental and individual.

Judgment: Compliant

Regulation 27: Protection against infection

Appropriate infection control practices were in place.

Judgment: Compliant

Regulation 28: Fire precautions

There was appropriate fire equipment including fire doors throughout the centre, and evidence that residents could be evacuated in a timely manner in the event of an emergency.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Structures and procedures were in place to ensure the safe management of medications.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a personal plan in place for each resident based on a detailed assessment of needs, including detailed healthcare plans, which had been regularly reviewed.

Judgment: Compliant

Regulation 6: Health care

There was a high standard of healthcare, and there was a prompt and appropriate response to any changing conditions.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate systems were in place to respond to behaviours of concern. Where restrictive practice were in place they were the least restrictive required to mitigate the risk to residents, and were effectively monitored.

Judgment: Compliant

Regulation 8: Protection

Whilst residents were safeguarded for the most part, where there was a care order in place for one of the children there was no supporting documentation. In addition,

there were insufficient checks on the personal monies of residents to ensure that they were protected from financial abuse.

Judgment: Substantially compliant

Regulation 9: Residents' rights

The rights of residents were upheld, and the privacy and dignity of residents was respected.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Gables OSV-0007771

Inspection ID: MON-0028832

Date of inspection: 06/09/2022

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 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: To demonstrate that the Designated Centre is in line with Regulation 8: Protection the PIC shall protect residents from all forms of abuse. Any supporting documents will be maintained in line with policy and regulation to guide staff on the support required for the Individual.</p> <ol style="list-style-type: none">1. PIC will ensure all checks on Individual Finances will be completed in line with Policy to ensure all Individuals are protected from all forms of abuse. Completed 12.09.20222. Learnings have been passed onto the Team in Daily Handovers and were discussed further at the Team Meeting on the 30.09.2022 Completed3. PIC has obtained a copy of Care Order for one Individual, and this is currently on file in the Centre. Completed 12.09.2022	

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 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	30/09/2022