

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

## Issued by the Chief Inspector

Name of designated centre:	Borough House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	09 January 2023
Centre ID:	OSV-0007822
Fieldwork ID:	MON-0029774

## About the designated centre

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

Borough House is a designated centre operated by Nua Healthcare Services Limited. The centre can cater for the needs of up to four male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre is located on the outskirts of a large town in Co. Laois comprising of one bungalow dwelling, where residents have their own en-suite bedroom and communal access to a sitting room, kitchen and dining area, conservatory, utility, staff office and toilet. A large garden space is also available for residents to use, at the front and rear of the centre. 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:	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
Monday 9 January 2023	11:20hrs to 15:15hrs	Anne Marie Byrne	Lead

## What residents told us and what inspectors observed

This inspection was facilitated by the person in charge and their line manager, and over the course of the day, the inspector also had the opportunity to meet with various staff members and also with one resident who resided in the centre.

This centre comprised of one bungalow dwelling located on the outskirts of a town in Co. Laois. Here, residents had their own en-suite bedroom and communal use of a kitchen and dining space, conservatory, sitting room, toilet, utility and staff office. A large and well-maintained garden area was also available to the rear and front of this centre. The centre was comfortably furnished, in a good state of repair, clean and provided residents with a warm and spacious living environment.

Upon the inspector's arrival, they were greeted by the person in charge and entered via the main entrance, to perform hand hygiene. Four young adults lived in this centre, one of whom, was shortly due to return to the centre after giving some time away with family members over the Christmas period. Another resident was at their day service, one resident was at school and later in the day, one resident returned to the centre following an appointment. This resident met with the inspector and spoke about their keen interest in fashion, certain genres of film series, knitting, books and baking. They invited the inspector to see their bedroom, where they displayed various soft furnishings and photographs, and told the inspector of how they were involved in choosing the colours that were used to decorate and paint their bedroom. This resident engaged in positive behavioural support and various charts were displayed on a wall in their bedroom, which they told the inspector, they used daily to inform staff of how they were feeling. They also showed the inspector the token reward system that staff had put in place for them and were looking forward to the activities scheduled, as part of this initiative. This resident also had an activities board in their bedroom, which informed them of their planned activities for the week ahead. This resident told of how they liked to go to a local library, as they had an interest in books and also spoke of how they always had a staff member available to them, to get out and about on a daily basis.

Over the course of this inspection, the person in charge spoke at length with the inspector about the social interests of the other residents. These residents all led active lifestyles, had many individual interests and got on very well together. They sometimes engaged in social activities together such as going for a meal to celebrate occasions, but also liked to take part in activities independent of each other. They regularly went to the cinema, went bowling and some liked to go for daily walks. One resident had their own pet, which they looked after and were hoping to incorporate dog training as one of their identified personal goals. Some residents regularly had home visits to their families and were supported to do so, as much as they wished. As well as attending day services, others held employment in a local garden centre, while others attended a national learning network. The adequacy of this centre's resources, with respect to staffing and transport, made it possible for these residents to be as active as they were, and all efforts were made

by staff to ensure that residents' wishes in terms of what they wanted to do, were captured and planned for, as part of weekly residents' meetings.

Personal goal setting was an integral part of the social care provided to these residents. Some residents had aspirations with regards to going on train journeys, baking and trying new activities. Key-working staff were appointed with the overall responsibility for ensuring each resident had access to the support they required to achieve these goals, which was regularly overseen by the person in charge. In recent months, a new resident had transitioned to this centre, and suitable arrangements were put in place by the provider to ensure that this transition worked well for this resident and for the residents who were already living there.

The individual needs of all residents were considered in all aspects of the service delivered to them, to ensure their rights were at the forefront of any operational decisions made. For example, in response to some residents' assessed needs, the use of environmental restrictions, such as key-coded locks to entry points, were required. To ensure these restrictions did not impact the residents whom these restrictions were not intended for, the provider had ensured these residents had the code for these locks, meaning these residents could still come and go from the centre, while also ensuring the safety of the residents, who required this restriction. The person in charge informed the inspector that this was working well for all residents and was continually subject to review.

There was good continuity of staff in this centre, meaning that these residents were continually cared for by staff who knew them and their assessed needs. The provider had ensured this centre was consistently resourced with the number and skill-mix of staff required by these residents, resulting for many positive outcomes for these residents.

The findings of this inspection will now be discussed in the subsequent sections of this report.

## Capacity and capability

This was an announced inspection to assess the provider's overall compliance with the regulations. Overall, the inspector found that this was a well run and well-managed centre that ensured residents received a good quality and safe service. Of the regulations inspected against, the provider was found to be in full compliance with these.

The person in charge held the overall responsibility for the running and management of this centre and was supported in their role by a team leader, deputy team leaders, their line manager and staff team. They were regularly present at the centre to meet with the residents and also with their staff team, whom they held scheduled meetings with, to discuss and review residents' care. They were also in regular contact with their line manager to review operational matters. They held

responsibility for another designated centre operated by this provider, and the effectiveness of current governance and management arrangements allowed for them to also have the capacity to ensure this centre was effectively managed.

This centre's staffing arrangement was subject to regular review, ensuring that residents consistently had access to the staff support that they were assessed as requiring. Most of these residents requiring a certain level of staff support to engage in activities of their choice and to access local services and amenities, and the provider had ensured a suitable number of staff were always on duty to allow for this. From time to time, where additional staffing resources were required, the provider had ensured relief staff, who were familiar with the centre, were available to provide this additional support.

The monitoring of the quality and safety of care was largely attributed to the regular presence of the person in charge at the centre, and where they identified that improvements were required to various aspects of the service delivered to residents, these were quickly brought to the attention of the provider and responded to. The oversight of this centre was also overseen by weekly governance reports which were submitted by the person in charge for senior management to review. These reports detailed various information pertaining to this centre, to include, any incidents which had occurred and various matters relating to resource and risk management. Also supporting the effective oversight of this centre was an on-call management system, which was available during out-of-hours, providing additional managerial support to staff, during these times. Furthermore, in line with the requirements of the regulations, six-monthly provider-led visits were occurring, which reviewed various aspects of the service delivered to residents. Where improvements were identified as part of these visits, the provider had ensured action plans were put in place to address these.

#### Registration Regulation 5: Application for registration or renewal of registration

The provider had satisfactorily submitted an application to renew the registration of this centre.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge held the overall responsibility for this centre and was regularly present to meet with residents and with their staff team. They knew the residents well and were familiar with the operational needs of the service delivered to them. They held responsibility for another centre operated by this provider and current governance and management arrangements supported them to have the capacity to

ensure that this centre was effectively managed.

Judgment: Compliant

### Regulation 15: Staffing

The person in charge regularly reviewed the staffing arrangement for this centre, ensuring residents consistently had the staff support that they were assessed as requiring. Where additional staffing resources were required by this centre from time to time, the provider had suitable arrangements in place to ensure this was made available to this service.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced in terms of staffing, equipment and transport. Suitable persons were appointed to manage and oversee the running of this centre. Staff team meeting were regularly occurring, which gave staff the opportunity to raise any concerns they had with regards to residents' care. The person in charge also maintained regular contact with their line manager to review operational matters. Six-monthly provider-led visits were occurring in line with the requirements of the regulations and where improvements were identified, time bound action plans were put in place to address these.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose available at the centre, containing all information as required by Schedule 1 of the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had a system in place to ensure all incidents were notified to



the Chief Inspector of Social Services, as required by the regulations.

Judgment: Compliant

## Quality and safety

The residents living in these centre led very active lifestyles, and the provider had ensured that suitable arrangements were in place to support them to engage in their activities of choice, and to also ensure that they were supported to maintain links with their families and local community, in accordance with their wishes.

The re-assessment of residents' needs was mainly overseen by a key-working arrangement, ensuring residents' assessments and personal plans were updated, where any changes to residents' assessed needs were identified. Where residents had assessed health-care needs, staff were fully supported by multi-disciplinary teams, in the review of these residents' health care interventions. Personal goal setting was an important aspect of the care delivered to these residents and suitable arrangements were in place to ensure these residents had access to the supports they required to work towards their goals. In recent months, the centre had accepted a new admission and the person in charge told the inspector that that the arrangements that were put in place to support this transition, had been effective in ensuring this resident settled in well into their new home and surroundings.

Minimal support was required by these residents with regards to behavioural management. Where some residents were identified as requiring low-level interventions with regards to the promotion of positive behavioural support, clear and concise guidance was available to support staff on how to do so. The person in charge told the inspector that this was working well for the residents it was intended for, and that individualised interventions such as token reward system, was an initiative that these residents were responding well to. There were some environmental restrictions in place and the person in charge was maintaining these under regular review with the support of relevant multi-disciplinary teams, ensuring the least restrictive practices was at all times used in this centre.

Safeguarding was regularly discussed with residents as part of their key-working sessions and also regularly covered on the agenda for residents' weekly meetings. Where concerns were raised, these were reported to the designated officer for safeguarding and the provider also ensured additional measures were put in place to maintain the safety and welfare of the residents involved. Furthermore, there was also a significant emphasis placed on the promotion of residents' rights in this centre. These residents were young adults, who each had their own aspirations and personal preferences for how they wished to spend their time. Staff were respectful of this and ensured that the running of this centre reflected residents' wishes and also ensured that residents, if they so wished, were supported to attend and participate in meetings regarding the review of their care.

Regular fire drills were occurring and records of these demonstrated that staff could effectively and promptly support these residents to evacuate. Staff had up-to-date training in fire safety and a waking night staffing arrangement was in place, ensuring that should a fire occur at night, staff were available to quickly respond. Effective risk management systems were also in place, that supported the timely identification, response, assessment and monitoring of risk in this centre. Where incidents that had occurred, the person in charge ensured these were discussed with the staff team to establish any learning. Furthermore, where residents wished to take part in positive risk-taking, such as accessing the local town independent of staff, the provider had ensured adequate safety measures were put in place to support these residents to safely do so.

Overall, the effectiveness of the systems that the provider had put in place in this centre, had resulted in these residents experiencing positive outcomes in terms of their health, social and personal care.

### Regulation 11: Visits

Residents were facilitated to welcome visitors into their home and suitable communal facilities were available in this centre for residents to meet with their visitors in private. Where residents wished to visit family members, they were supported by staff to do so.

Judgment: Compliant

### Regulation 13: General welfare and development

The provider had ensured that each resident was provided with opportunities for occupation and recreation, with some residents having employment within their local community. Others had a keen interest in various activities and they were supported by staff to regularly engage in their chosen activities. Education sessions were regularly held with residents through key-working sessions on areas, such as - safeguarding and fire safety.

Judgment: Compliant

### Regulation 17: Premises

The centre comprised of one bungalow dwelling which was well-maintained, clean and suitably decorated. Where equipment and facilities were required by staff and residents, the provider had ensured these were of good working order. A front and

rear garden provided residents with outdoor recreational space to use as they wished and they were encouraged to decorate and furnish their own bedroom, in accordance with their personal preferences.

Judgment: Compliant

### Regulation 20: Information for residents

There was a residents' guide available at the centre and it contained all information as required by the regulations.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had an effective system in place for the identification, response, assessment and monitoring of risk in this centre. Where risk was identified, the person in charge had ensured this was responded to quickly and appropriate measures put in place to prevent re-occurrence. The oversight of organisational risk was primarily monitored through the centre's risk register and at the time of this inspection, this register was subject to review to ensure it further supported the person in charge in their on-going monitoring of specific risks in this centre.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had ensured fire safety arrangements were in place, including, fire detection and containment systems, emergency lighting and all staff had received up-to-date training in fire safety. Fire drills were regularly occurring and the outcome of these gave assurances that staff could support these residents to safely evacuate. There was a fire procedure in place and each resident had a personal evacuation plan to guide staff on the support they required, in the event of an evacuation.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The provider had effective systems in place for the re-assessment of residents' needs and for the development and review of personal plans to guide staff on the support that residents required. In recent months, the centre had accepted a new admission to this centre and the effective transition arrangement supporting this admission, had resulted in the resident settling in well into their new home. Personal goal setting was developed with each resident and the provider had ensured suitable arrangements were put in place to support each resident to work towards achieving their desired goal.

Judgment: Compliant

### Regulation 6: Health care

Where residents had assessed health-care needs, the provider had ensured that these residents had access to the supports that they required with this aspect of their care. All residents had access to a wide variety of allied health-care professionals, who supported staff, as and when required, in the review of residents' health-care interventions.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Although the level of behavioural support required by these residents was minimal, positive behavioural support was encouraged in this centre and suitable guidance was available to staff to inform them of how to implement recommended interventions, identified for individual residents. Where restrictive practices were in use, these were subject to regular review, to ensure the least restrictive practice was at all times used.

Judgment: Compliant

### Regulation 8: Protection

Where safeguarding related incidents had occurred in this centre, the provider had put effective measures in place, which at the time of this inspection, resulted in no similar incidents re-occurring. The centre was supported by a designated officer for safeguarding and the provider was proactive in implementing additional safeguarding measures, as and when required, to protect the safety and welfare of

these residents. Safeguarding was regularly discussed with all residents as part of weekly meetings and also as part of key-working sessions. Procedures were also available in this centre to ensure staff were fully supported in identifying, reporting and monitoring for any concern relating to the safety and welfare of residents.

Judgment: Compliant

### Regulation 9: Residents' rights

This centre was operated in a manner that was considerate of the rights, preferences and individual interests of the each resident. Residents were facilitated to be involved in the running of their home, with weekly residents' meetings occurring to ensure residents' participation in activity and meal planning. Each resident had their own bedroom and staff were respectful of residents' personal space, when spending recreational time away from staff and their peers. Residents were facilitated to attend meetings around the review of their care and were supported by staff to understand any changes that were occurring in relation to their care, and also with regards any changes to the operations of the service delivered to them.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant