



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

## Issued by the Chief Inspector

Name of designated centre:	Rathverna
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Waterford
Type of inspection:	Short Notice Announced
Date of inspection:	14 June 2021
Centre ID:	OSV-0007874
Fieldwork ID:	MON-0030511

## About the designated centre

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

Rathverna is located near a small village in Co. Waterford. It comprises a large two-storey dwelling, split into three units. There are three bedrooms in the main unit and two supported living units that can accommodate single individuals. Rathverna provides 24-hour care to up to five adult residents, both male and female from 18 years of age onwards. It is the purpose of Rathverna to deliver services to individuals who require support with Autism (ASD), Intellectual Disabilities and Acquired Brain Injury (ABI). Rathverna is 24 hours a day with the staff team is comprised of social care workers and assistant support workers. A full time person in charge is present in the centre on a weekly basis.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	5
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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 - 2015 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 14 June 2021	09:30hrs to 16:30hrs	Laura O'Sullivan	Lead

## What residents told us and what inspectors observed

This inspection was completed to monitor the compliance of the registered provider with the regulations under the Health Act 2007. The inspection took place during the COVID 19 pandemic. The person in charge was given advance notice of the inspection. This afforded sufficient time to inform the residents of the inspection and to have the required documentation available. Infection control guidelines were adhered to during the inspection including the use of PPE and social distancing. Interactions were limited to 15 minutes. This was the first inspection of the centre since becoming operational in October 2020.

The inspector had the opportunity to meet and speak with two residents on the day of inspection. One resident told the inspector they were getting ready to move to their new home. This was an exciting time for them and they were looking forward to it. They had visited a couple of houses but they were very happy with their choice. The resident spoke about the staff team in Rathverna supporting them with their move and helping them with the skills they needed for the big change. They were looking forward to a barbecue with their peers in Rathverna before they move.

This resident expressed that overall they had enjoyed their time in Rathverna. The staff team were nice. They did express that at times it could be difficult as their peer could be loud. They were supported to make a complaint if an issue arose and they were happy that the person in charge and staff would follow up on this. They said they were always happy that their complaint was listened to. The resident brought the inspector to see their room and to show them some of their favourite items. They had a love of horror movies and had watched the best hundred of these as shown on a wall poster. They also loved wrestling and were watching this on the TV to have a break from their activities and before they tidied their bedroom. The resident gave permission for the inspector to review their personal plan.

Another resident called to say hello to the inspector. They had just returned from a social outing where they were supported by staff to complete personal tasks in the morning. The resident showed the inspector their new tattoo, they spoke of the staff team supporting them to get this and how to care for it to make sure it healed well. They were thinking about a new one but would wait as they wanted to be sure they would like it. They had a plan to go to Tramore for the amusements in the afternoon. This was one of their favourite things to do. They did say not all the staff like the rides but they always went with them They were looking forward to their day service reopening after COVID 19 restrictions are lifted.

This resident expressed that they were happy living in the centre and knew that could speak to the staff if they needed anything. Staff were observed communicating with this resident in the areas of skills training such as the use of an ATM card and online banking. This resident did say that at times the centre can become loud due to one resident who can at times become upset. They expressed that if they were unhappy or felt unsafe they could speak to the staff. They tried to

be friends with everyone in the centre and understand that at times not everyone is happy. This residents popped into see the inspector a few times during the day to make sure they were okay for everything. They also said goodbye before they went out and about for the afternoon.

Two other residents were supported to partake in activities during the day. One resident said goodbye to the inspector before heading off to the beach for a walk and a take away coffee. This resident was supported to gain skills in the areas of independence. A token system was being used to encourage the resident to begin their day. They were also supported to spend time alone with a call system in place if they chose for staff to return. Another resident was getting ready to go for an outing when the inspector called. They chose not to interact with the inspector but smiled and gave them a thumbs up when they said hello.

The inspector observed staff interacting with residents in a positive and jovial manner. The governance team ensured to link regularly with all residents. Where one resident had expressed that while they were happy in the service they would prefer a self-contained living area they was actively being addressed by the provider. The resident was being consulted in areas of this transition. The staff and governance team were very aware of the needs of the service users, their likes and dislikes and the importance of meaningful activation. The regulations reviewed as part of the inspection will be discussed in more detail throughout the remainder of the report

## Capacity and capability

The inspector reviewed the capacity and capability of the service provided to residents within Rathverna. Overall, a good level of compliance was evidenced. The registered provider had appointed a suitably qualified and experienced person in charge of the centre. They possessed a keen awareness of their regulatory responsibilities. The appointed individual also had a good knowledge of the needs of residents.

A governance structure was in place within the centre. The person in charge who oversaw the day to day operations of the centre was supported in their role by deputy team leaders. The person in charge reported directly to the director of operations. Clear communication was evident between the members of the governance team through regular face to face meetings and a governance matrix was in place to support this. Any concern or area of identified non-compliance is discussed weekly at a senior management team meeting to ensure the necessary supports are in place.

The registered provider had ensured the implementation of regulatory required monitoring systems. An unannounced visit by the provider to the centre within the

previous six months had been completed by the director of operations. A comprehensive report was generated following this review and an action plan was in progress to address any areas that been identified. Feedback had been obtained from both residents and their representatives. A weekly administration review was completed by a delegated person to ensure action plans were completed and relevant actions were followed up such as completion of service user finance checks, and weekly fire checks.

At centre level, the person in charge completed a number of monitoring systems to ensure good level of compliance was maintained and an effective oversight was in place. This included areas such as personal plans checklists, review of incidents and supervision reviews. A person in charge key list was in place which set out the key daily and weekly tasks of the person in charge. This insured consistency should the person in charge be absent.

The registered provider had identified mandatory training needs for all staff members. This included safeguarding vulnerable adults from abuse and infection control. The person in charge had ensured all staff were supported to attend and receive all required training. The registered provider had ensured the allocation of an appropriate skill mix of staff. Staff spoken with were very aware of the resident's needs. However, at certain periods during the day, due to start and finish times of shifts, the allocated level of staff were not present in the centre. This was addressed by the director of operations on the day of inspection.

The person in charge and deputy team leaders had the delegated duty of completion of formal supervisions within the centre. This incorporated the completion of six formal supervision meetings a year. Following a sample review of records, supervision meetings were utilised as a means of supporting the staff team and allowing for the raising of concerns.

The registered provider had ensured an effective complaints system was in place. This included an organisational policy and staff awareness. Residents were supported to submit a complaint as required. Where a resident had submitted a complaint this was discussed as part of the keyworking sessions. Also the person in charge had ensured that each resident was satisfied with the outcome of the complaint. The complaints officer had met with all resident to discuss the complaints process and to ensure their understanding of the process.

#### Regulation 14: Persons in charge

The registered provider has appointed a suitably qualified and experienced person in charge to the centre.

Judgment: Compliant

#### Regulation 15: Staffing

The staffing levels which had been appointed to the centre by the registered provider was appropriate to the assessed needs of the residents. However, improvements were required to ensure that staffing levels allocated were present throughout the day.

Judgment: Substantially compliant

### Regulation 16: Training and staff development

The person in charge had ensured all staff were supported to attend and receive all required training including refresher.

The person in charge and deputy team leaders had the delegated duty of completion of formal supervisions within the centre. This incorporated the completion of six formal supervision meetings a year.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider had appointed a governance structure to the centre. Management systems in place in the designated centre ensured that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Judgment: Compliant

### Regulation 3: Statement of purpose

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had ensured that all measures were in place to ensure all required incidents were notified in accordance with regulatory requirements.



Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had ensured an effective complaints system was in place. Residents were supported to submit a complaint as required.

Judgment: Compliant

### Quality and safety

The inspector reviewed the quality and safety of the service provided to individuals whilst residing in Rathverna. Individuals were supported to engage in a range of meaningful activities both within the centre and in the local community. This was the first inspection of the centre since becoming operational in October of 2020 and overall a good level of compliance was evidenced.

Each resident had a comprehensive personal plan in place. These plans incorporated a holistic approach to support needs and incorporated guidance from relevant members of the multi-disciplinary team including speech and language and dietician intervention. Goals were identified which included skills training and promoting enjoyable activities such as trips to Tramore amusements. Regular key worker meetings ensured that goals remained a priority for all. Residents were supported to gain skills in such areas as use of appliances and completing their morning routine independently.

On the day of inspection the centre was a hive of activity with residents coming and going throughout the day. One resident was supported to go for a walk on the beach and stop for a take away coffee. Records provided to the inspector on the day evidenced that all residents were supported to partake in a range of activities on a daily basis. Resident's interests were supported and encouraged such as surfing, painting and baking.

Improvements were required to ensure that the use of restrictive practice was done in the least restrictive manner for the shortest duration necessary. A number of restrictions had been identified with restorations of rights plans in place. This included the use of use of seatbelt on transport and a number of coded access points. All identified restrictions were reviewed on a quarterly basis. However, at times due to behaviours of concern of individuals access to certain areas of the centre were restricted. This was not recognised as a restrictive intervention. The person in charge had ensured that effective measures were in place to support residents in the area of behaviours of concern.

The design and layout of the centre met the objectives and function as set out in the statement of purpose. Two service users had self-contained apartments within the centre, and three residents have private bedrooms but sharing of a communal space. The centre was clean and overall, well presented with accessibility facilitated throughout. A large garden provided additional recreational areas and a barbecue area for the summer months.

This inspection took place during the COVID 19 pandemic. All staff were observed to adhere to the current national guidance including the use of PPE equipment, and social distancing. An organisational contingency plan was in place to ensure all staff were aware of procedures to adhere in a suspected or confirmed case of COVID 19 for staff and residents. Regular contact was maintained with the public health team to ensure all respite breaks were completed in a safe manner.

The registered provider had ensured effective systems were in place to ensure the centre was operated in a safe manner. The registered provider had ensured that each resident was assisted to protect themselves from abuse. Where a safeguarding concern was identified, measures were implemented to protect the individual from all forms of abuse. There was clear evidence of ongoing review of any concern arising. Where a safeguarding concern could have a negative impact on residents staff met daily to meet and allow residents to discuss any concerns they may have. The registered provider had recognised that the centre was not meeting the support needs of all residents. This was currently being addressed.

One resident was looking forward to transitioning to their new home. Staff had implemented a number of measures to assist the resident in this transition such as supporting them during transitional meetings. Another resident had been identified to transition from the centre. This had been discussed between the resident and the person in charge however, the discussion was not documented within the personal plan. Whilst the governance team and residents spoke clearly of both planned transitions improvements were required in the area of documentation to ensure a consistent approach was provided by all staff. Also this was required to ensure the transition occurred with minimum disturbance to the residents. Currently the measures in place to support both residents and the actions taken to date were not adequately documented within their personal plans.

The registered provider had ensured the development of a risk management policy. This incorporated the regulatory required risks. The person in charge had implemented some measures to ensure the effective assessment, management and ongoing review of risk. The residents spoke of measures in place to promote their safety such as the fire evacuation drills and the call system to call staff at night should they need support.

### Regulation 13: General welfare and development

The registered provider had ensured the provision of the following for residents:

- (a) access to facilities for occupation and recreation;
- (b) opportunities to participate in activities in accordance with their interests, capacities and developmental needs;
- (c) supports to develop and maintain personal relationships and links with the wider community in accordance with their wishes

Judgment: Compliant

### Regulation 17: Premises

The areas of the designated centre visited on the day of inspection were found to be designed and laid out to meet the aims and objectives of the service and the number and needs of residents; it presented as a warm and homely environment decorated in accordance with the resident personal needs and interests.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

Whilst the governance team and residents spoke clearly of both transition currently in progress improvements were required in the area of documentation to ensure a consistent approach was provided by all staff. Also this required to ensure the transition occurred with minimum disturbance to the residents

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The registered provider had ensured that there were systems in place in the designated centre for the assessment, management, including a system for responding to emergencies.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider had ensured that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. Current guidance ensured staff were aware of the most recent national guidance with respect to COVID 19.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Each resident had a comprehensive personal plan in place. These plans incorporated a holistic approach to support needs and incorporated guidance from relevant members of the multi-disciplinary team including speech and language and dietician.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Improvements were required to ensure that the use of restrictive practice was done so in the least restrictive manner for the shortest duration necessary.

The person in charge had ensured that effective measures were in place to support residents in the area of behaviours of concern.

Judgment: Substantially compliant

### Regulation 8: Protection

The registered provider had ensured effective measures were in place to protect residents from all forms of abuse. Where an identified risk was present the provider had ensured measures were in place to address this.

Judgment: Compliant

### Regulation 9: Residents' rights

Overall, the designated centre was operated in a manner which respected and promoted the rights of the residents. Where a concern had arisen with respect to

compatibility within the centre the registered provider was actively addressing this.

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 - 2015 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	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Rathverna OSV-0007874

Inspection ID: MON-0030511

Date of inspection: 14/06/2021

## 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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: 1. The PIC shall ensure that 'planned' and 'actual' staff rosters will be reviewed and maintained in the Centre daily to ensure that all information is correct and in line with residents assessed needs.  2. The PIC shall review and update the Centre's Statement of Purpose as required to ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents.	
Regulation 25: Temporary absence, transition and discharge of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents: 1. Prior to recent discharges of residents from the designated Centre, the PIC completed a full review of documentation to ensure the information and supports available were correct and in accordance with the designated Centre's Policy and Procedure on Admission, Transition and Discharges [PL-ADT-001]. This was completed on 22 June 2021.  2. All reviewed documentation was discussed with the staff team to ensure a consistent approach was provided by all staff and the transitions occurred in a supportive manner with the residents.	



Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ol style="list-style-type: none"> <li>1. The PIC shall continue to monitor restrictive practices in conjunction with the Behavioural Specialist and in line with the Centre's Policy and Procedure on Restrictive Procedures [PL-C-005] to ensure such practices are applied, adopted and recorded in the least restrictive manner for the shortest duration of time.</li> <li>2. The PIC will conduct a full review of all restrictive practices in the Centre to ensure they are the least restrictive for the shortest duration necessary.</li> </ol>	

## 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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	15/10/2021
Regulation 25(3)(a)	The person in charge shall ensure that residents receive support as they transition between residential services or leave residential services through:the provision of information on the services and supports available.	Substantially Compliant	Yellow	22/06/2021
Regulation 25(4)(b)	The person in charge shall ensure that the	Substantially Compliant	Yellow	22/06/2021

	discharge of a resident from the designated centre take place in a planned and safe manner.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	20/08/2021