



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

Issued by the Chief Inspector

Name of designated centre:	Sruhaun
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Mayo
Type of inspection:	Unannounced
Date of inspection:	24 March 2022
Centre ID:	OSV-0008039
Fieldwork ID:	MON-0033889

About the designated centre

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

Sruhaun provides residential care to up to five residents, both male and female. The centres consists of a large two storey house and a self-contained apartment adjacent to the main house. Each resident has their own bedroom and there are communal areas such as a large sitting-room and kitchen/dining area in the main house, and the apartment is self-contained with it's own kitchen and living rooms. Sruhaun uses a social model of care and is managed by a person in charge, supported by an 'Area Director of Operations'. The staff team consists of team leaders, social care workers and assistant support workers. There is waking night staff each night to support residents with their needs. The centre has transport available to support residents to access community based activities and outings to the neighbouring towns in the area, as required.

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
Thursday 24 March 2022	10:15hrs to 18:00hrs	Angela McCormack	Lead

What residents told us and what inspectors observed

Overall, the inspector found that the health, wellbeing and social care needs of residents who lived at Sruhaun was promoted, and that care was provided in a person-centred manner. Residents who the inspector met with during the day appeared happy and relaxed in their environment and with staff supporting them.

This was the first inspection by the Health Information and Quality Authority (HIQA) since the registration of the centre. There were three residents living in Sruhaun at the time of the inspection. On arrival to the house, the inspector met with one resident and staff supporting them. They were observed in the kitchen area doing an activity at the dining table. One resident lived in self-contained apartment adjacent to the main house. They agreed for the inspector to visit them during the day. Later in the day, the inspector got the opportunity to meet another resident as they were having lunch, and they greeted the inspector on their own terms.

One resident attended an educational course four days per week, and they had a work placement on one day. Two residents had bespoke day services which were carried out from the house, where they were supported to do activities of choice. The staffing arrangements and provision of transport enabled residents to participate in a range of activities of their choosing. On the day of inspection, one resident was reported to be having a day off from a usual education course that they would attend. Other residents were reported to be going shopping for personal items and meeting with family members for a walk in a nearby amenity and they were observed going out and about during the day.

Residents were reported to enjoy a number of activities locally in nearby towns and in a city located in a neighbouring county. Activities included; social farming, bowling, going to the cinema, sports activities and going on various day trips. One resident spoke about how they had visited the Zoo in Cork recently and were planning another day trip to an amusement park in another part of the country. They spoke about their interest in country music and about how they had met some country music stars, A photograph taken with a country music star was observed hanging in their living area and they spoke about a festival that they had attended in the past.

Residents were observed to be comfortable and relaxed in their home. One resident spoke about how they were happy with their home and about how they felt that their living arrangement suited them better now, when compared with a previous home. They said that if they had any complaints they would go to the person in charge, and they said how they liked to speak with the person in charge about any issues before having it written down.

A range of easy-to-read documentation was available to support residents in understanding various topics. A visual rota was on display in the main house. There was a poster detailing some Lámh signs, which one resident was reported to use to

support their communications. Residents had access to recreational activities in the house such as arts and crafts, televisions, DVDs and technological devices. One resident was reported to enjoy using their Ipad and doing 'facetime' calls with family members. One resident had a pet bird, which the inspector got the opportunity to meet. The resident spoke about the care of their bird, and also spoke about how they were thinking about getting another pet animal for their home.

Sruhan house and apartment appeared homely and were decorated nicely with personal effects which helped to create a warm and homely atmosphere. The communal areas included colorful soft furnishings and were decorated with art work and photographs of residents, which added to the homely atmosphere. The furniture appeared comfortable and relaxing. There were several garden areas front and back, which were available for residents to enjoy and included garden furniture. One resident was observed playing ball games with staff in the front garden during the inspection.

The inspector also reviewed documentation such as residents' support plans, daily records, meeting notes and management audits to get a more detailed view of the lived experiences of residents. Residents had regular 'keyworker' meetings with a named support staff, where various topics were discussed such as safeguarding, human rights, fire safety and personal plans. Staff spoken with appeared knowledgeable about the support needs of residents and were observed to be respectful and caring in their interactions with residents. Residents also had regular group meetings, where they got opportunities to discuss meals and activities for the week. Information about advocacy and the confidential recipient were on display on the notice board in the main house, and it was reported that a member of the advocacy service attended a residents' meeting recently to explain about advocacy.

Overall, residents appeared happy and content in their home and with the supports provided. Arrangements in the centre ensured that care provided at Sruhaun was person-centred and individualised. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There were good governance and management arrangements in place in the centre which ensured that the care delivered to residents was person-centred and to a good quality. Improvements were required in the submission of notifications to the Chief Inspector of Social Services and in fire safety. This related to ensuring that fire drills occurred under the scenario of using a fire exit which required movement through an enclosed garden, and in ensuring that all notifications were submitted to the Chief Inspector as required in the regulations.

The person in charge worked full-time and was based in the designated centre.

They had the experience and qualifications to manage the centre. They were supported in their role by team leaders and a team of staff that consisted of social care workers and assistant support workers. The person in charge was further supported by a 'Director of Operations' to whom they reported.

There were appropriate numbers of staff on duty to meet the needs of residents. At the time of inspection there were three residents living in the centre. Residents were provided with 1:1 or 2:1 staffing depending on their needs, and there was waking night staff available each night to support residents with their needs. There was a planned and actual rota in place, which demonstrated that there was a consistent staff team in place. The rota was reflective of who was working on the day of inspection. However, the rota required improvements to clearly explain what some abbreviations meant and this was addressed on the day by the person in charge. A sample of staff files were reviewed and found to include all the requirements under Schedule 2 of the regulations.

A review of the training records demonstrated that staff received a range of training programmes to ensure that they had the skills and knowledge to provide appropriate and safe supports to residents. This included training in fire safety, behaviour management, safeguarding, medication management, infection prevention and control (IPC) including the use of personal protective equipment (PPE) and hand hygiene. Staff were provided with regular support and supervision through individual meetings with members of the local management team. In addition, regular team meetings occurred where staff got the opportunity to come together and discuss a number of topics relating to the centre.

The governance structure included a person in charge who was supported to complete some operational management tasks by the team leaders. The person in charge reported to the 'Area Director of Operations' who was based in another county. They were available on the day of inspection and were reported to visit the centre regularly. There were systems in place for auditing the care and support provided. The person in charge carried out internal audits in areas such as; health and safety, fire safety, medication management and personal plans. In addition, regular reviews of incidents that occurred in the centre took place at team meetings to promote learning from incidents. The provider ensured that a six monthly unannounced visit occurred since the centre was registered. This audit identified actions for quality improvement, all of which had been completed in a timely manner. However, a review of incidents that occurred in the centre found that the person in charge had not submitted notifications regarding residents' injuries to the Chief Inspector as required. On discussion with the person in charge, they said that they had not realised that particular injuries were required to be included on the notifications. This required improvements to ensure regulatory compliance.

In summary, the management team demonstrated that they had the capacity and capability to effectively run the service and ensure that the quality of safety and care were monitored on an ongoing basis. However, improvements were required in ensuring that all notifications were submitted as required in the regulations.

Regulation 14: Persons in charge

The person in charge had the qualifications and experience to manage the designated centre.

Judgment: Compliant

Regulation 15: Staffing

There was a planned and actual roster in place which demonstrated that there was a consistent staff team to meet the needs of all residents. A sample of staff files indicated that all the requirements under Schedule 2 of the regulations were met.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with range of training as part of their continuous professional development and to ensure that they had the skills and knowledge to support residents with their needs. Regular supervision meetings were held with staff.

Judgment: Compliant

Regulation 23: Governance and management

There was a good governance and management structure in the centre with clear lines of accountability for the management team. Arrangements in place in the centre ensured that the centre was suitably resourced and the auditing arrangements promoted ongoing monitoring and good oversight.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge did not ensure that all notifications, including injuries sustained by residents, were included on the quarterly notifications to the Chief

Inspector as required under the regulations.

Judgment: Not compliant

Quality and safety

Overall, the inspector found that residents received a good quality, safe and person-centred service where their welfare and development were promoted. Residents who the inspector met with appeared comfortable in their environment and with staff supporting them. Staff were observed to be treating residents with dignity and respect and were knowledgeable about residents' individual support needs.

Residents had comprehensive assessments of needs completed which included assessments of health, personal and social care needs. These assessments also included information regarding residents' likes, dislikes and personal goals for the future. Residents were supported to achieve and work towards identified personal goals, and residents had regular meetings with their key-workers where a range of issues were discussed and reviewed. This included activity choices, internet usage, supports required and safeguarding.

Safeguarding of residents was promoted through staff training, adherence to the safeguarding policy where concerns arose and through regular discussion at staff and residents' meetings about safeguarding. There were up-to-date policies and procedures in place for safeguarding vulnerable adults and in the provision of intimate care. Residents had comprehensive intimate and personal care plans which clearly documented the supports required in this area. In addition, staff had been provided with training in providing intimate and personal care which further promoted the protection of residents.

Residents who required supports with behaviours of concern had comprehensive support plans in place which detailed triggers to behaviours, the proactive and reactive supports to be provided and prescribed staff responses to particular behaviours. These were noted to be kept under regular review with the relevant members of the multidisciplinary team. There were clear protocols in place to guide staff in the use of restrictive practices to ensure they were used as a last resort in supporting with risks. It was noted by the inspector that restrictive practices affecting an individual resident were reviewed with them, and the resident was involved in a 'restriction reduction plan', which was also noted to have been identified as a personal goal by them.

The provider ensured that there were good systems in place for the prevention and control of infection including systems for the prevention and management of risks associated with COVID-19. This included having a dedicated area prior to entering the main house, which stored personal protective equipment (PPE) and in which staff symptom checks could be completed prior to entering the main house. In addition, the house had hand hygiene equipment at entry points, posters about IPC

measures and a dedicated laundry area and arrangements for laundering soiled items. Staff had completed training in IPC and were observed wearing PPE as appropriate. In addition, the provider ensured that there was an up-to-date outbreak management plan in place.

There were procedures in place for the identification, assessment and management of risks relating to residents and regarding the service. Residents had individual risk management plans developed, which included any identified risk and outlined control measures to reduce the risk of harm. There was a comprehensive centre risk register, of which a sample of risks were reviewed by the inspector with the management team. This demonstrated that risks had been identified and assessed appropriately, and the management team spoke about the systems for the review of, and escalation of risks, to the Director of Operations.

The house and apartment that formed the designated centre were found to be clean, nicely decorated, comfortable and spacious for the numbers of residents living there. Each resident in the main house had their own bedroom and en-suite facilities. These were decorated in line with residents' individual preferences. The centre had a large outdoor area for residents to enjoy, which had secure gates to the rear of the house. There were some internal gardens, one of which could be accessed only by using a coded key-pad. One resident showed the inspector some garden furniture that was recently purchased for their private garden area. Another garden area which could be accessible from the dining area, contained garden furniture, a bird house and solar lights. The inspector was informed that there were plans to create a sensory garden here for residents to enjoy, and there were plans for a ground trampoline to be put in one garden.

The centre had arrangements in place for the identification, containment and extinguishing of fires. Fire safety checks occurred regularly and the person in charge informed the inspector that they completed a daily walkaround of the centre to ensure health and safety is promoted. Regular fire drills were occurring, which demonstrated that residents could be safely evacuated. However, a fire drill had not been completed whereby residents may have to exit from the fire exit in the dining area. This was required to ensure that access through an enclosed garden to the assembly point could be achieved in the event of a fire where this exit needed to be used.

Overall, residents in Sruhaun were provided with person-centred care and support in line with their assessed needs, and were supported to develop skills to maximise their independence. Arrangements and practices in place in the centre ensured that residents' general welfare and development were promoted and that their life choices were respected.

Regulation 13: General welfare and development

Residents' general welfare and development were promoted in the centre. Residents had opportunities for occupation and recreation in the centre, and in the community

in line with their preferences, including education, training and work experience opportunities.

Judgment: Compliant

Regulation 17: Premises

The premises was clean, comfortable and spacious for the needs of residents. All requirements under Schedule 6 of the regulations were met.

Judgment: Compliant

Regulation 26: Risk management procedures

There were risk management policies and procedures in place and centre specific emergency plans developed. Risks that had been identified were assessed and were kept under regular review.

Judgment: Compliant

Regulation 27: Protection against infection

Arrangements in place in the centre ensured good infection prevention and control practices.

Judgment: Compliant

Regulation 28: Fire precautions

There were arrangements in place for the detection, containment and extinguishing of fire. Regular fire drills were completed; however improvements were required to ensure that residents could be safely evacuated if they were required to leave through a fire exit in the dining area and to move through an enclosed garden to the assembly point.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had comprehensive assessments of needs completed which included health, personal and social care needs. Support plans were developed where the need had been identified. Residents were supported to identify personal goals for the future, and these were kept under regular review to ensure they were progressed.

Judgment: Compliant

Regulation 7: Positive behavioural support

Where residents required supports with behaviour related issues, care and support plans had been developed which included a multidisciplinary input. Restrictive practices were assessed and kept under regular review and included consultation with residents.

Judgment: Compliant

Regulation 8: Protection

The protection and safeguarding of residents was promoted in the centre. Where any concerns arose that could indicate a possible safeguarding concern, these were followed up in line with procedures.

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	Not compliant
Quality and safety	
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	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Sruhaun OSV-0008039

Inspection ID: MON-0033889

Date of inspection: 24/03/2022

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 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <ol style="list-style-type: none"><li data-bbox="172 904 1442 1016">1. The Person in Charge (PIC) is ensuring that all monitoring notifications are captured and submitted to HIQA as per the guidance and timelines set out in the registration notification handbook.<li data-bbox="172 1061 1442 1173">2. The Person in Charge (PIC) has ensured that all notifications, including injuries sustained by residents which did not require an NF03 were captured on the most recent quarterly notifications submitted on 25/04/2022.	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"><li data-bbox="172 1525 1442 1637">1. A fire drill was conducted in the Centre on the 14/04/2022, during which Service Users and Staff evacuated the Centre via the fire exit in the dining area and reached the assembly point within a safe evacuation time.<li data-bbox="172 1682 1442 1749">2. Key Working Session to be completed with all Service Users on the various exit routes in the Centre.	

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 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	05/05/2022
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any injury to a resident not required to be	Not Compliant	Orange	05/05/2022

	notified under paragraph (1)(d).			
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