



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

## Issued by the Chief Inspector

Name of designated centre:	Clara Falls
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Clare
Type of inspection:	Short Notice Announced
Date of inspection:	23 April 2024
Centre ID:	OSV-0008524
Fieldwork ID:	MON-0040443

## About the designated centre

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

In this designated centre 24 hour support and care is provided to two residents with disabilities and who over the age of 18 years. The provider aims to have the arrangements in place to meet a range of needs including physical and mobility needs. The maximum number of residents that can be accommodated is two. The house is staffed at all times and generally there are four staff members on duty by day and by night. The person in charge is based in the house and is responsible for the day-to-day management and oversight of the service. In addition to the support provided by the person in charge and the staff team, residents have access as needed to the providers multi-disciplinary team such as psychology, psychiatry, occupational therapy and, speech and language therapy. The house is a bungalow located on its own spacious site in a rural but populated area. Each resident is provided with their own largely self-contained area of the house with access to an en-suite bedroom, living and dining area and direct access to their own secure outdoor area. Centralised facilities include a main kitchen, visitors room, staff office, additional toilet facilities and laundry.

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

Number of residents on the date of inspection:	2
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 23 April 2024	09:45hrs to 16:00hrs	Mary Moore	Lead

## What residents told us and what inspectors observed

This inspection was completed to monitor the provider's compliance with the regulations and the standards. Based on what the inspector observed, read and discussed this was a well-managed service. The provider had in place the arrangements residents needed so that they enjoyed good health, a good quality of life and, were safe. The provider was judged to be fully compliant with the regulations reviewed by the inspector.

This centre is located in a rural but populated area. The location of the house is convenient to a broad range of amenities and a number of busy towns. The services provided for residents includes transport.

On arrival at the centre the inspector noted the high standard of external maintenance with well-maintained grounds, pleasant landscaping and good provision for parking. The inspector was greeted by the person in charge who facilitated this inspection supported as needed by their line manager the Director of Operations. Throughout the day the person in charge could clearly describe and demonstrate to the inspector how the planned, managed and maintained oversight of the service. For example, the planning and maintenance of the staff duty rota and oversight of residents' clinical and healthcare needs. What was also readily demonstrated was how the wider governance structures maintained oversight of the effectiveness of the local systems of management.

The inspector toured the house in the company of the person in charge. The house had been modified to meet the needs of residents and to meet regulatory and other legislative requirements. For example, residents could be evacuated if necessary directly from their bedrooms and each resident had their own largely self-contained area of the house including their own secure outdoor area. The person in charge reported that residents largely had their own routines. One resident attended an off-site day service Monday to Friday. The house was very well maintained, was visibly clean and reflected the different needs and choices of the residents. There was much evidence of items provided to meet a resident's sensory needs both in their apartment and in their outdoor area and tools to support good and effective communication.

In the context of their assessed needs residents did have communication differences. Residents communicated in different ways including the use of visuals and simple communication applications on their personal device. Therefore, while the inspector had the opportunity to meet with both residents this engagement was largely based on observation.

For example, the inspector visited one resident in their apartment once a staff member had asked the resident if this was okay. However, while the resident had indicated that they would meet the inspector, the inspector could see from the resident's facial expression that they were hesitant and cautious and not overly

comfortable with the presence of the inspector. The resident did not smile or respond to anything the inspector said such as admiring the resident's love of jewellery which was clearly supported. When the inspector asked the resident if they would prefer if the inspector went away the resident nodded to communicate a definitive yes and this was respected. The resident spent the day in their apartment and declined a community based activity due to the warm weather on the day. The inspector did call to see the resident again. The resident was relaxed and happy and gave the inspector a great smile. The resident was watching television, had enjoyed some ice-cream and was looking forward to their tea.

The inspector gave the second resident sometime to transition back to their apartment after their day service. The resident did not demonstrate any interest in the inspector and was busy scrolling through family photographs on their mobile phone. The resident laughed and smiled at certain photos. The staff members on duty confirmed that the resident had enjoyed their day and had gone swimming which was an activity the resident enjoyed. Other records seen indicated that residents choose their preferred activities and enjoyed for example, travelling to local outdoor amenities, shopping, having lunch out, going bowling and spending time with family.

Both residents looked well and were clearly comfortable in their home and with the staff members on duty.

While the inspector did not meet with any family members the person in charge said they were in regular contact with both families and feedback was on file from them. The feedback provided by both families was very positive in relation to the staff team, the good standard of care and the "attention to detail". For example, while walking about the inspector noted an area of higher grass in what was otherwise a well-tended to lawn. The person in charge explained that one resident liked to lie on and touch longer grass and this area was maintained for them to facilitate this. There were no restrictions on visits.

In summary, residents received a service that was individualised to their needs. The provider maintained good oversight of the service and ensured residents had good and ready access to the multi-disciplinary team (MDT). The individuality of the service and the positive impact on resident well-being was acknowledged in the family feedback and, reflected in other records seen such as of incidents that had occurred.

The next two sections of this report will describe the governance and management arrangements in place and how these ensured the appropriateness, quality and safety of the service provided to residents.

## **Capacity and capability**

The management systems in place ensured that the service provided was safe,

consistent and appropriate to residents' needs. The centre was adequately resourced and operated within the requirements of the regulations. The provider was judged to be fully compliant with the regulations reviewed.

The person in charge was responsible for the day-to-day management of the centre. The person in charge had been recently appointed to the role and confirmed they had received a handover from the previous person in charge. The person in charge was based in the house and was, based on these inspection findings, consistently engaged in the management and oversight of the service. The person in charge had support from a shift-leader and, a shift-lead manager had recently been recruited and was due to commence employment in the centre. The person in charge confirmed they had access as needed and good support from their line manager.

The person in charge planned and maintained the staff duty rota. The provider endeavoured to have four staff members on duty at all times but had an agreed safe staffing level of a minimum of three staff. This was evident at times from the staff duty rotas seen. The person in charge could describe to the inspector how these staffing levels were adequate and managed so that they did not impact on the routines and choices of the residents or, the safety of their service.

The staff training matrix seen by the inspector indicated good oversight was maintained of staff attendance at training. The person in charge had a schedule for the completion of staff supervisions and probationary appraisals.

The provider had quality assurance systems that it consistently implemented so as to ensure oversight of the appropriateness, quality and safety of the service. These included the completion of the annual review and the quality and safety reviews required by the regulations to be completed at least every six months. Based on the records seen by the inspector these reviews were completed on schedule and, while actions did issue, these were largely in relation to the need to address gaps in or the updating of records.

### Regulation 14: Persons in charge

The person in charge worked full-time and had the skills, qualifications and experience required for the role. The person in charge clearly understood their role and responsibilities and could readily describe and demonstrate to the inspector how they managed and maintained oversight of the service. The person in charge was based in the centre and was readily accessible to residents and the staff team.

Judgment: Compliant

### Regulation 15: Staffing

The duty rota showed each staff member on duty and the hours that they worked. Ordinarily there were four staff members on duty by day and by night and each resident had support from two staff members. There were times when there were three staff members on duty. For example, while awaiting the recruitment of staff in response to some natural turnover. The person in charge had a risk assessment for such occurrences and described how these staffing levels were managed so that there was no impact on the routines and choices of the residents or the safety of the service. For example, if there were three staff members on duty the person in charge provided assistance with, for example, the provision of personal care for residents. Nursing advice and care if needed was accessed from the providers own resources and community based nursing services.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to appropriate training including refresher training. The inspector reviewed the staff training matrix. The training matrix included the staff members on duty on the day of inspection and indicated all staff had completed training such as in safeguarding, fire safety, responding to behaviour that challenged and, the administration of medicines. The person in charge described the formal and informal arrangements for supervising staff such as their daily presence in the house and the completion since their appointment of an unannounced night-time spot check.

Judgment: Compliant

### Regulation 19: Directory of residents

The inspector reviewed the directory of residents and saw that it contained all of the required information such as the date the resident was first admitted to the service, their date of birth and, the contact details of their next of kin or representative.

Judgment: Compliant

### Regulation 23: Governance and management

This was a well managed service. The provider ensured the service was appropriately resourced so that it effectively delivered on its stated purpose, aims and objectives. There was a clearly defined management structure that operated as intended by the provider. The person in charge planned and maintained oversight of

the service and the staff team and, received support and guidance from their line manager. The provider had quality assurance systems that were consistently implemented. For example, the person in charge shared with the inspector reports from the external formal weekly monitoring of areas such as residents' personal finances, the management of risks and residents' personal plans. Two formal reviews of the quality and safety of the service had been completed and the completion of the annual review was planned. Lines of enquiry were comprehensive, quality improvement actions were issued, responsible persons and completion timeframes were specified. These reviews did not identify any findings of concern and this would correspond with the findings of this inspection.

Judgment: Compliant

### Regulation 3: Statement of purpose

The inspector saw that the statement of purpose was available in the centre. The inspector read the statement of purpose and it contained all of the required information. It had been updated to reflect changes that had occurred such as changes in the management structure.

Judgment: Compliant

### Regulation 31: Notification of incidents

Based on records seen in the centre such as of accidents and incidents that had occurred and the restrictive practice register, there were arrangements in place that ensured the Chief Inspector of Social Services was appropriately notified.

Judgment: Compliant

### Regulation 32: Notification of periods when the person in charge is absent

The provider had notified the Chief Inspector of the absence of the person in charge, the arrangements in place for the management of the centre during the absence and, the arrangements for the appointment of another person in charge.

Judgment: Compliant

## Regulation 34: Complaints procedure

The person in charge told the inspector that no complaints had been received since the service commenced operation in July 2023. Staff used social stories to explain the complaints procedure to residents. Feedback on file from residents' representatives indicated a high level of satisfaction with the service. The inspector noted how staff recorded their discussions with a resident about how happy a resident was and if they had any concerns. The resident was reported to have smiled and clicked the green indicator in their communication application to communicate that all was well.

Judgment: Compliant

## Quality and safety

As discussed in the previous section of this report this was a well managed service. The operation and management of the service ensured each resident received a safe, quality service that was appropriate to their needs and abilities. The provider had in place the arrangements residents needed to enjoy the best possible health and a good quality of life closely connected to their local community and family.

Throughout the inspection the person in charge could clearly describe the status of each resident's general wellbeing and the support and care that they received. This support and care was set out in the personal plan. The plan also included the resident's personal goals and objectives.

The evidence base of the support and care provided was informed by regular input from the relevant members of the multi-disciplinary team (MDT) such as the general practitioner (GP), psychiatry and, the positive behaviour support team. This included the support in place to ensure residents enjoyed good mental health and emotional wellbeing and the least possible restrictions in their daily lives.

There were systems in place for maintaining oversight of risks and how they were managed. This included the review of incidents that had occurred and how they were responded to and managed by staff. Risk assessments were updated and corrective actions such as the review of the behaviour support plan were identified and progressed.

The provider had suitable fire safety arrangements such as emergency lighting and a fire detection and alarm system. Good oversight was maintained of these fire safety systems including the procedures for evacuating residents and staff from the house.

Residents were provided with a safe and comfortable home and access to a safe

outdoor area. Internally and externally the house was very well maintained.

### Regulation 10: Communication

The assessed needs of both residents included communication differences. In both apartments there was evidence of the use of tools to support good and effective communication. These tools were there to support residents to communicate not just their daily routine and choices but also to communicate how they were feeling. The person in charge described how one resident used a simple communication application on their personal device to express their choices and to indicate their agreement of not with certain choices and activities.

Judgment: Compliant

### Regulation 11: Visits

Both residents were free to receive visitors in their apartment and to enjoy visits with family and to home in line with their personal circumstances. Feedback provided by families confirmed that they could visit at any time. There was also a separate room in the main house where visitor's could be received.

Judgment: Compliant

### Regulation 17: Premises

The house and grounds were very well maintained. Each resident had their own area of the house and they largely lived independently of each other. Each resident had their own secure external space that was accessed directly from their apartment. While secure these were very pleasant, welcoming spaces personalised to the needs of each resident. For example, the inspector saw good provision of sensory and recreational equipment. Access and egress routes were also suited to the needs of the residents and supported accessibility. Equipment needed by residents was provided. The suitability and general maintenance of equipment was monitored for example by the occupational therapist. Equipment such as the hoist was seen to be appropriately inspected and tested.

Judgment: Compliant

## Regulation 18: Food and nutrition

Each apartment provided for a compact kitchenette area where residents with or without support from staff could access a range of snacks. Staff prepared the main meals in the main kitchen and each resident could choose their preferred meal options. This was evident from records seen such as the key-worker meetings. The inspector saw that a good range of fresh food items were in stock and where there were specific dietary requirements and different food preferences foods were stored in separate presses and refrigerators.

Judgment: Compliant

## Regulation 26: Risk management procedures

There were procedures in place for the identification, assessment and management of risk. The person in charge maintained a register of risks and how these were controlled. The suite of risk assessments seen pertained to the general operation of the service and the risks associated with the needs of each resident. For example, a risk for falls and the risk for behaviour that challenged. Evident controls included the provision of a height adjustable bed and equipment to support safe transfer of the resident for example from their bed to the shower-chair. Incidents, how they were managed and the effectiveness of controls were reviewed by the person in charge and members of the MDT. Risk assessments were updated and controls were modified based on the findings of these reviews. Based on what the inspector observed and read controls were proportionate to any risk that presented and did not impact on resident quality of life.

Judgment: Compliant

## Regulation 28: Fire precautions

The house was fitted with fire safety arrangements such as a fire detection and alarm system, emergency lighting and doors designed to contain fire and it's products such as smoke. There was documentary evidence on file that fire safety systems were tested and inspected at the appropriate intervals. Staff had completed fire safety training and the person in charge confirmed that the induction of new staff included familiarisation with the centres fire safety and evacuation procedures. Both residents had a personal emergency evacuation plan that included the requirement for any additional evacuation equipment. Regular simulated evacuation drills were undertaken to test the evacuation procedure. There were no reported obstacles to the safe and timely evacuation of the centre and the reports of the

simulated drills indicated good evacuation times were achieved.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The inspector reviewed the arrangements in place for the safe management of medicines. Medicines were supplied to each resident by a local pharmacy. The supply of medicines was described as timely and responsive for example to any changes made to the prescription. Staff maintained a record of each medicine they administered. The administration record reviewed corresponded with the instructions of the prescription. Clinical reviews included the monitoring of the ongoing requirement for and the effectiveness of prescribed medicines. Reduction plans were in progress for one prescribed medicine. The inspector saw that medicines were securely stored and where enhanced storage and recording keeping was required these were in place.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The personal plan reviewed by the inspector was based on a comprehensive assessment of the resident's needs, abilities and preferences. Based on that assessment the inspector was assured the designated centre was suited to meeting the needs of the resident and the provider had in place the arrangements needed to meet those needs. The personal plan was updated as needed and there was documentary evidence of good and consistent MDT input into the plan. A range of communication tools were used to promote resident participation in their plan. Families were consulted with and any feedback received was used to inform the plan such as a request for physiotherapy. The plan included a range of personal objectives for the resident. How these were progressing and their impact and benefit to the resident was monitored on a regular basis.

Judgment: Compliant

### Regulation 6: Health care

The person in charge had sound knowledge of residents' healthcare needs and ensured residents had access to the clinicians and services that they needed. This was also evident from the healthcare plan where records of reviews such as by

psychiatry, positive behaviour support, occupational therapy and, the general practitioner (GP) were maintained. One resident continued to access their family GP who was very familiar with the needs of the resident. Both residents were reported to willingly attend clinical reviews and appointments. Residents participated in and availed of for example vaccination programmes and regular blood profiling was completed where indicated.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were times when residents could present with behaviour that was a risk to themselves and others including the staff team. The person in charge reported that both residents were doing very well and the occurrence of incidents in the centre had reduced. Both residents had good and regular access to psychiatry and positive behaviour support. One resident had a specific multi-element positive behaviour support plan. The inspector saw that the personal plan for the other resident contained specific strategies to guide staff in the prevention of and the response to behaviours that could be exhibited. Incidents were reviewed by the person in charge and by the MDT. The learning from these reviews informed the support provided, ensured staff adherence to the plan and, any changes needed. Preventative strategies included the broad range of sensory items evident in the centre such as the tactile objects provided for distraction in the shower.

The person in charge in consultation with the MDT maintained oversight of any restrictive procedures in use and, restrictions had reduced as residents adjusted to living in the centre and knowledge of residents needs had increased. The inspector saw strategies designed to reduce the impact of restrictions such as supporting a resident to learn how to operate the coded access to their apartment.

Judgment: Compliant

### Regulation 8: Protection

The provider had safeguarding policies and procedures. All staff had completed safeguarding training and the person in charge described to the inspector how safeguarding and the provider's reporting procedures were regularly discussed with the staff team. The person in charge was the designated safeguarding officer for the centre but had access to the wider safeguarding structures within the organisation for support and guidance if needed. The person in charge described how they monitored the care and support provided and observed resident interactions and responses to staff. The person in charge described how each resident could present if they were unhappy. For example, one resident with disengage including from their

personal devices. There were no identified safeguarding concerns. The personal plan reviewed by the inspector included a plan for the delivery of personal and intimate care.

Judgment: Compliant

### Regulation 9: Residents' rights

The support and care provided was individualised to the needs, abilities and preferences of each resident. A range of tools were used such as visuals, communication applications and social stories to consult with residents, ascertain their choices and preferences and, their understanding of a range of topics such as how to make a complaint and how to stay safe. Records seen indicated how the support provided sought to increase resident independence and choice such as in choosing their clothing, their preferred meals and their independence at mealtimes. The care observed, records seen and any discussions had were respectful of the individuality, rights, privacy and dignity of the residents.

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>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management procedures	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	Compliant
Regulation 9: Residents' rights	Compliant