

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

Issued by the Chief Inspector

Name of designated centre:	Shannon Heights
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Limerick
Type of inspection:	Short Notice Announced
Date of inspection:	10 June 2024
Centre ID:	OSV-0008680
Fieldwork ID:	MON-0042242

About the designated centre

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

Shannon Heights is a detached two-storey house and a garden room located to the rear of the house located in a housing estate on the outskirts of a city. The centre provides full-time residential care for a maximum of four residents of either gender, over the age of 18, with intellectual disabilities, autism spectrum disorder and mental health issues. Each resident has their own individual bedroom with other rooms in the centre including a kitchen-dining room, a living room, a utility room and bathrooms. Support to residents is provided by the person in charge, a social care worker and assistant support workers.

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
Monday 10 June 2024	10:05hrs to 17:05hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

The residents met during this inspection appeared happy in their home. The house where these residents lived was seen to be clean, well-furnished and homely on the day of inspection. Staff and management were overheard engaging warmly with residents.

At the time of this inspection, three residents were living in this centre, two of who were present during the inspection while the third was staying with their family. The centre could provide a home to a maximum of four residents but it was indicated that there were no current plans for a fourth resident to move into the centre. Both of the residents present on the day of the inspection were met by the inspector who had an opportunity to speak with these residents, overhear some staff/resident interactions and review documentation relating to the running of the centre and the supports provided to residents.

It was highlighted to the inspector that this centre was intended to operate as a low support house and it was indicated that residents living in the centre were generally independent but might need prompting from staff in some areas. During the course of the inspection the two residents that were present were seen to go about their day. This included one resident returning independently from their voluntary work in a shop and the other resident going out to do some shopping and go bowling with the support of a staff member. The staff and management that were present during this inspection were overhead to speak with residents in a warm and jovial manner. This contributed to the overall atmosphere encountered being calm and sociable on the day of inspection.

The inspector got to speak with the two residents present at times during the inspection. The first of these residents told the inspector that they liked living in the centre. When asked what they liked about living in the centre, the resident mentioned the "quiet mornings". The inspector asked the resident if they had anything planned for the day ahead and they indicated they did not know but mentioned that they had watched a Limerick hurling match the day before and liked to do word puzzles every morning. The resident had received a book of word puzzles for their birthday and had nearly finished all puzzles in the book.

When speaking with the second resident, the inspector was informed by them that they had recently moved into the centre and had enjoyed the move. The resident described the other people in the house as "very welcoming". This resident said that they got to visit the centre before moving in but had not met one of the other residents before moving in. They did say however that they got on with both of the other two residents living in the centre. The resident also mentioned about their voluntary work in a shop, being involved with the scouts and spending time with their family. It was indicated by the resident that they were going to take it easy for the rest of the day and towards the end of the inspection, this resident was seen

relaxing on a couch in the centre's living room.

This living room was one of the communal rooms in the centre with a kitchen-dining room and a garden room also present. Such rooms were seen to be clean, well-furnished and homely on the day of the inspection. For example, the living home had couches and a television. The garden room was located in the centre's rear garden and provided residents with a space to relax if necessary. It was indicated to the inspector that residents did not tend to use this room. Each resident had their own individual bedroom which were seen by the inspector. While these did vary in size, the bedrooms seen were observed to be well furnished and personalised with one resident's bedroom having a large television and a games console present.

In addition to the general presentation of the centre, it was also seen that the centre had fire safety systems that included a fire alarm, emergency lighting, fire extinguishers and unobstructed fire exits. Such fire safety systems were present in the garden room also while the procedures to follow in the event of an evacuation being required were on display in the centre. It was noted though that residents' bedrooms were located on the first storey of the centre and the inspector did observe that one resident seemed slow when using this stairs. The inspector queried if this resident had any issues using the stairs and it was indicated that the resident did not. Fire drill records reviewed for this centre, indicated low evacuation times including for a drill which involved this resident being in their bedroom when evacuating.

In summary, residents lived in a centre that was seen to be clean, well-furnished and homely. On the day of the inspection the two residents that were present provided positive feedback and were involved in activities away from the centre. A calm and relaxed atmosphere in the centre was encountered during the inspection.

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

Capacity and capability

An overall good level of compliance was found during this inspection. This indicated that the centre was appropriately governed, resourced and managed.

In October 2023 the provider submitted an application to register this designated centre. A site visit of the then proposed centre was conducted on behalf of the Chief Inspector of Social Services in November 2023 where no areas of concern were identified with the provider's application or compliance with relevant regulations. As a result the centre was subsequently registered by the Chief Inspector without any restrictive conditions until December 2026 with residents moving into this centre shortly after the centre's registration. To assess how residents were being supported

since their moves into this centre and to assess compliance with the regulations, the current inspection was conducted.

This inspection found that residents were being well-supported which was reflected in an overall good level of compliance with the regulations. It was found that key regulatory requirements were being met by the provider. For example, appropriate staffing arrangements had been put in place while the provider had conducted an unannounced visit to the centre to review the quality and safety of care and support provided. Required documentation was also being maintained such as a directory of residents and a statement of purpose. It was noted though that the statement of purpose provided did not accurately reflect the organisational and reporting structures for this specific centre. In addition, it was found that some restrictive practices in use in the centre during December 2023 had not been notified as required.

Regulation 15: Staffing

Based on rosters reviewed from February 2024 until the date of this inspection and discussions with staff and management of the centre, the staffing in the centre was in keeping with the centre's statement of purpose and the needs of the residents living in the centre. Such rosters and discussions also indicated that there was a continuity of staff support which is important in promoting consistency of care and professional relationships. Under this regulation specific documentation must be obtained for all staff members working in the centre. During the course of this inspection, three staff files were reviewed which were found to contain all of the required documentation including written references, proof of identification and evidence of Garda Síochána (police) vetting.

Judgment: Compliant

Regulation 19: Directory of residents

A directory of residents was being maintained for the centre which was made available to the inspector to review during this inspection. This directory was found to contain all of the required information such as residents' dates of birth and residents' dates of admission to this centre. It was seen that this directory of residents included all three residents currently living in the centre.

Judgment: Compliant

Regulation 23: Governance and management

Under this regulation, the provider or its representative is required to conduct an unannounced visit to the centre every six months to review the quality and safety of care and support provided in the centre. Even though the centre had only been registered since December 2023, such an unannounced visit had been completed in March 2024. This visit was reflected in a written report and it was read that relevant matters related to residents' care and support were reviewed during that inspection with a particular focus on compliance with regulations. Where any issues in need of improvement were identified, these were highlighted in an action plan with time-frames and responsibilities assigned. Documentation reviewed during this inspection indicated that such actions had been completed.

The regulations also requires an annual review to be completed for the centre. Given the length of time that the centre had been open for, such an annual review had yet to be completed although the provider was aware of its responsibilities in this area. Aside from such regulatory requirements records of other checks/audits conducted and notes of regular staff team meetings in the centre were provided. These suggested that regulator monitoring of the centre at a local level was being conducted which contributed to the overall good level of compliance with the regulations found during this inspection. This also indicated that the centre was appropriately resourced. For example, the centre had been provided with transport and appropriate staffing.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

It was highlighted from transition plans reviewed and discussions with staff, management and a resident that residents had been afforded an opportunity to visit this centre before being admitted. The outcomes of assessments of needs for residents also indicated that admissions to this centre had been in keeping with the centre's statement of purpose.

Residents' contracts for the provision of services were not reviewed as part of this inspection.

Judgment: Compliant

Regulation 3: Statement of purpose

The centre had a statement of purpose in place. This is an important governance document which describes the services to be provided in a centre and the supports to be provided to residents while also forming the basis of a condition of

registration. During the current inspection, it was found that the statement of purpose had been reviewed in May 2024 and contained required information such as the admission criteria, fire precautions and the arrangements for respecting residents' privacy. The statement of purpose provided also outlined organisational and reporting structures for the centre. It was noted though that this did not accurately reflect such structures with the statement purpose indicating that two director of operations were part of these structures but in reality there was only one for the centre.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Under this regulation, any restrictive practice in use in a centre must be notified to the Chief Inspector on a quarterly basis. Since the centre was registered two quarterly notifications of restrictive practices had been notified. While the most recent quarterly notification submitted contained all restrictions noted during this inspection, it was identified that the first quarterly notification submitted did not include the use of some restrictive practices that had been in use in the centre during December 2023. These included the use of window restrictors.

Judgment: Not compliant

Quality and safety

The evidence gathered during this inspection indicated that appropriate arrangements were in place to meet the assessed needs of residents. It was noted though that an assessment of need for one resident did not reference a key point about the resident's potential future living arrangements.

As highlighted earlier in this report, this centre was intended to operate as a low support house. To ensure that residents with appropriate needs were supported to live in the centre, it was seen that residents' needs were comprehensively assessed prior to moving into this centre. Such needs were then reflected in residents' personal plans along with the supports that they were to receive in the centre. The inspector was informed though that one resident wanted to live in another geographical area and that the provider had plans to apply to register another centre in this area with the resident involved having first refusal to move there. Despite this, it was seen that no reference was made to such possible future living arrangements for this resident in their assessment of needs.

Records were provided though of residents being informed about relevant matters

that affected them. These included restrictive practices in use in the centre and fire safety. Staff had completed fire safety training also but it was noted that the most recent fire drills conducted in the centre tended to involve the same staff member. All fire drills that had been completed in the centre since opening indicated low evacuation times. Aside from fire safety training, staff had also undergone safeguarding training. During this inspection no safeguarding concerns were identified and there was no record of any safeguarding incident having occurred in the centre since its initial registration. This provided assurances that residents were protected from abuse in their home.

Regulation 13: General welfare and development

Based on discussions with residents, observations on the day of inspection and documentation reviewed, residents were being supported to participate in activities such as going to the cinema, bowling and horse riding. Residents were also supported to maintain contact with their relatives. For example, on the day of inspection one resident was staying with their family which was highlighted as being a regular occurrence. Another resident told the inspector that they spent time with their family.

Judgment: Compliant

Regulation 17: Premises

The premises provided was seen to be clean, well-furnished, well-maintained and homely, both internally and externally, on the day of inspection. Appropriate toilet and storage facilities were provided along with suitable arrangements for the disposal of general waste. Communal areas provided included a garden room, kitchen-dining room and a living room. This appeared to be sufficient communal space for the two residents present on the day of inspection although the centre did have a potential maximum capacity of four residents. Resident bedrooms in the centre varied in size but were seen to be well-presented with storage facilities provided in them.

Judgment: Compliant

Regulation 20: Information for residents

A residents' guide was provided for the centre that had been reviewed in June 2024. During this inspection, the residents' guide was read by the inspector and found

to contain all of the required information such as a summary of the services and facilities provided.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy which provided for the identification and assessment of risk in the centre. This policy outlined measures and actions to control specific risks such as self-harm and accidental injury. As part of the provider's risk management process it was seen that there was an incident recording system in operation. Residents also had individual risk management plans in place outlined how identified risks for these residents were to be mitigated. The centre had an overall emergency plan in place which outlined how to respond and who to contact in the event of specific emergencies, such as a bomb threat or power outage, occurring. This emergency plan also gave details of alternative accommodation to be used if needed.

Judgment: Compliant

Regulation 27: Protection against infection

Cleaning schedules were in place for this centre with records reviewed indicating that cleaning was carried out consistently in centre. Cleaning products such as cloths and sprays were present in the centre along with personal protective equipment (PPE). This included face masks and gloves with such PPE seen to be in date. A wall mounted hand gel dispenser was present inside the centre's front door while hand hygiene signage was seen present in a bathroom.

Judgment: Compliant

Regulation 28: Fire precautions

The centre had fire safety systems in place that included a fire alarm, emergency lighting, fire extinguishers, fire blankets and unobstructed fire exits. Documentary evidence was provided that indicated such systems were being serviced at regular intervals by external contractors to ensure that they were in proper working order. Fire safety had been discussed with residents during individual key-worker meetings and residents had personal emergency evacuation plans in place that outlined the supports they need to evacuate if necessary. The procedures for fire evacuation

were on display in the centre. Fire drills were conducted regularly with low evacuation times recorded. Training records indicated that staff had completed relevant training but it was noted that recent fire drills conducted tended to involve the same staff member. As such most staff working in this centre had yet to participate in a fire drill for this centre.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Residents had personal plans in place which outlined their health, personal and social needs while providing guidance on how to meet these needs. Under the regulations, such personal plans must be put in place within 28 days of residents moving into a centre. A resident who had moved into this centre in the weeks leading up to this inspection was found to have a personal plan in place at the time of this inspection. Such plans were informed by assessments of needs which had also been conducted before residents moved in to this centre. These assessments indicated that the centre would be suitable to meet the needs of these residents with the overall findings of this inspection indicating similar. It was highlighted though that one resident wanted to live in another geographical area and that the provider had plans to apply to register another centre in this area. This was not referenced in the resident's assessment of need that had been reviewed in May 2024 before they moved into the centre even though the assessment document had a specific section on future accommodation.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The provider had systems in operation for any restrictive practices in use to be reviewed and considered. It was also noted from records of individual key-worker meetings that restrictive practices in use in the centre had been discussed with residents.

Judgment: Compliant

Regulation 8: Protection

Records provided indicated that staff had completed safeguarding training. No evidence was found during this inspection of there being any safeguarding concerns

or incidents in this centre.

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 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	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	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Shannon Heights OSV-0008680

Inspection ID: MON-0042242

Date of inspection: 10/06/2024

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 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: 1. The Director of Operations (DOO) shall complete a full review of Shannon Height's Statement of Purpose (SOP). Following this review, if there are any required changes an updated SOP will be submitted to HIQA. 2. The above point shall be discussed with all Team Members by the PIC at the next monthly team meeting.	
Regulation 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: 1. The PIC and DOO shall conduct a review of the NF39 quarterly notifications for December 2023 to ensure all the relevant information is correct, an updated NF39 will be submitted via the HIQA portal. 2. The above point shall be discussed with all Team Members by the PIC at the next monthly team meeting.	

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"> 1. The PIC shall ensure that a fire evacuation drill is completed which involved all Team Members in the Centre. 2. The above point shall be discussed with all Team Members by the PIC at the next monthly team meeting. 	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ol style="list-style-type: none"> 1. The PIC shall ensure that Individuals Personal Plans and needs assessments are reviewed and updated to reflect their desire to transition closer to home. 2. The above point shall be discussed with all Team Members by the PIC at the next monthly team meeting. 	

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	31/07/2024
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	31/07/2024
Regulation 31(3)(a)	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	Not Compliant	Orange	31/07/2024

	relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.			
Regulation 05(1)(a)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.	Substantially Compliant	Yellow	31/07/2024