



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

Issued by the Chief Inspector

Name of designated centre:	The Lighthouse
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Offaly
Type of inspection:	Short Notice Announced
Date of inspection:	30 May 2024
Centre ID:	OSV-0008721
Fieldwork ID:	MON-0042806

About the designated centre

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

The Lighthouse provides 24-hour residential care to both male and female adults with disabilities such as autism (ASD), intellectual disabilities and challenging behaviours, from the age of 18 years onwards. The centre ensures that the age group of individuals will be of appropriate range. The number of individuals to be accommodated will not exceed 3. The centre is a large house with an integrated self-contained apartment with separate gardens. The centre is in a rural area, close to a village and a town where residents have access to a range of amenities. Residents are supported by a staff team of social care workers and assistant support workers, and a manager is based on site daily. Staff are allocated to support residents both during the day and at night. Multidisciplinary team support including psychiatry, psychology, occupational therapy, speech and language therapy and nursing is also available to residents.

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
Thursday 30 May 2024	11:00hrs to 19:15hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. This was the first inspection of this centre since it opened. As part of this inspection, the inspector met briefly with one resident who lived in the centre. The inspector also met with the person in charge and her line manager, and viewed a range of documentation and processes.

The inspector found, from observation in the centre and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community. It was very clear that the person in charge and staff prioritised the wellbeing, autonomy, and quality of life of residents.

The centre was a large two-storey house in the countryside that could accommodate two people, with an adjoining apartment for one person. The location of the centre, on the outskirts of a rural village and close to a larger town, gave residents very good access to a range of amenities and opportunities nearby. There was a spacious well equipped kitchen with an dining area in the main house. Cooking equipment in the apartment had been removed as the wishes of the resident, and this resident currently preferred to have meals prepared in the main kitchen and brought to the apartment. As the main kitchen was spacious and well equipped, this did not impact negatively on the resident who lived there. There was a selection of snacks in the apartment which the resident could access as they chose. Both dwellings had separate back gardens, and each was equipped with leisure facilities that residents enjoyed. As one resident enjoyed sensory activities, their garden was equipped with an outdoor beanbag seat, two types of swings and coloured lights. As the resident has shown an interest in activities with water, an inflatable pool had been added to the garden for their use. The second resident had a basketball hoop, outdoor furniture and swing seat in their garden.

The inspector met briefly with one resident in the centre. The resident initially accepted the inspector in their home, and they shook hands. However, they shortly indicated that they were not happy for the inspector to spend any further time in their home and this wish was respected. While there the inspector saw that resident wanted to watch a specific film on television, which they chose from a selection in the centre. The resident was also preparing to go out to spend the remainder of the day with family. While in this part of the centre, the inspector could see that the resident was comfortable in the company of staff, and that staff supported them with the activity they had planned for the day. The inspector did not get the opportunity to meet the second resident who was away for the full day, on a planned outing and to take part in an activity that they enjoyed in a different setting.

Individualised personal plans had been developed for residents based on their

assessed needs. The inspector viewed the plans of both residents and found that meaningful personal goals had been developed and agreed for the residents. The inspector could see that suitable support was provided for residents to carry out these plans on the day of inspection. As these residents had recently transitioned from their family homes, they were still settling in to their new homes and getting to know the local community. Staff were supporting residents to explore new activities.

The centre had dedicated transport, which could be used for outings or any activities that residents chose. There were sufficient vehicles to ensure that each resident could have individualised outings in line with their own choices. Some of the individual activities that residents enjoyed in their homes included table top games, staff reading to them, water games and ball play. Activities that residents were taking part in outside the centre included, swimming, Special Olympics sports training, going out for to eat, walks and outings to places of interest. One resident also enjoyed meeting people in the local community and taking part in a voluntary community group.

It was clear from observation in the centre, conversations with the management team, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community.

The next sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service and quality of life of residents.

Capacity and capability

There were measures in place in this centre to ensure it was well managed, and that residents' care and support was delivered to a high standard. These arrangements ensured that a good quality and safe service was provided to residents who lived there.

A clear organisational structure had been developed to manage the centre. There was a full-time person in charge who was based in the centre, and who worked closely with staff and with the wider management team. Throughout the inspection, the person in charge was very knowledgeable regarding the individual needs of each resident who lived there. Arrangements were in place to support staff when the person in charge was not on duty. Arrangements were also in place to manage the centre when the person in charge was absent.

To ensure that a high standard of care, support and safety was being provided for residents, ongoing auditing of the service was being carried out in line with the

provider's audit schedule. An extensive range of planned and unannounced audits were being carried out both by staff in the centre and by managers external to the centre. As the centre had not been operating for six months, the audits specified by regulation 23 were not yet due. The provider had also established a suitable complaints process, but this had not been required since the centre opened.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of a suitable, safe, clean and comfortable environment, transport, access to Wi-Fi, television, and leisure equipment for residents, and adequate levels of suitably trained staff to support residents with both their leisure and healthcare needs. A range of healthcare services, including speech and language therapy, occupational therapy, and behaviour support were available to support residents as required.

Documents required by the regulations were kept in the centre and were available to view. A sample of documents viewed during the inspection included personal planning and healthcare records, communication plans, service agreements, audits, and records of residents' meals. These were found to be up to date and suitably maintained.

Regulation 14: Persons in charge

The provider had appointed a person in charge of the designated centre. The role of the person in charge was full-time, and the person in charge was based in the centre. The inspector's review of information submitted to HIQA indicated that the person in charge was suitably qualified and experienced for this role. Throughout the inspection, the person in charge was very knowledgeable regarding the individual needs of each resident who lived there. It was clear that the person in charge was very involved in the running of the service.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents, and to support their recreational activities and staff had been suitably recruited. The management team explained that there were three staff allocated to support residents at all times. One resident was supported by two staff. The inspector observed this to be the case on the morning of inspection and two staff supporting the resident in the centre before leaving for a planned visit to the resident's family.

The inspector viewed the recruitment records of three staff and found that all the required information and documentation had been obtained and was available to

view for these staff.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured that staff had received training appropriate to their roles, and to the needs of residents. The person in charge showed the inspector the current training matrix, which recorded that all staff who worked in the centre had received mandatory training in fire safety, behaviour support, and safeguarding. All staff had also received other relevant training, such as food hygiene, human rights, manual handling, infection control and medication management to enable them to support residents' needs and keep them safe.

Judgment: Compliant

Regulation 23: Governance and management

There were clear governance arrangements in place to manage the centre and to ensure that a high standard of care, support and safety was being provided to residents.

The provider had arrangements in place for the ongoing monitoring and review of the service. The person in charge and staff in the centre carried out ongoing audits of the service. These included daily checks of personal protective equipment, food safety criteria, and daily safety walks through the centre were taking place. The fire alarms, first aid supplies and the centre's vehicle were being checked weekly. A manager external to the centre also came to the centre each week to carry out an audit on all files, such as risk assessments, personal files, fire records and medication records. The inspector viewed these audit records and found that audits were being completed and recorded and that they indicated a high level of compliance. Six-monthly unannounced audits by the provider, and an annual review of the quality and safety of care and support of residents had not yet taken place as the centre was not six months in operation.

An organisational structure with clear lines of authority had been established to manage the centre.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. During the inspection, the inspector observed that these resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport vehicles, recreational equipment and games for residents to use, access to Wi-Fi, television, and adequate staffing levels to support residents'

preferences and assessed needs.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements for the provision of service for residents. The inspector read both service agreements, and found that they included the required information about the service to be provided, and had been signed by the residents.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers being used in this service.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints process in the centre to enable residents to raise any complaints or concerns. The inspector saw that there was an up-to-date complaints policy, a complaints procedure which was clearly displayed in the centre, and a complaints register. The inspector saw that the complaints process was also available in an easy-to-read format for residents. Although the person in charge explained that there had been no complaints in the centre, she showed the inspector the template for recording complaints. This was suitable and provided for the recording of complaints investigations and outcomes in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

There was a high level of compliance with regulations relating to the quality and safety of care.

A good quality and safe service was being provided to residents who lived in this centre. The provider had good measures in place to ensure that the wellbeing and health of residents was promoted, that residents had autonomy and independence and that they were kept safe. The management team and staff were very focused on maximising the community involvement and general welfare of residents, as well as ensuring that their rights were supported. The inspector found that residents received person-centred care and support that allowed them to take part in activities and lifestyles that they enjoyed.

As this was a home based service, there were flexible arrangements around residents' activity choices. Residents could take part in a range of social and developmental activities both at the centre, and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs. Residents were involved in a range of activities such as shopping, going to the barber, day trips, attending entertainment, voluntary work and sporting events and going out for something to eat. Family contact and involvement was seen as an important aspect of the service, and this was being supported.

The centre suited the needs of residents. The centre consisted of a house and adjoining apartment in a rural area, close to a village and a town. The inspector found that the dwellings were comfortable, and were decorated, furnished and equipped in a manner that suited the needs and preferences of the people who lived there. The house and apartment were kept in a clean and hygienic condition and had access to separate garden areas. The location of the centre gave residents good access to a wide range of community amenities and activities.

Comprehensive assessments of the health, personal and social care needs of each resident had been carried out and were recorded. Individualised personal plans had been developed for residents based on their assessed needs. Annual review meetings took place at which plans and goals for the coming year were developed and agreed. These plans and goals were person centred and meaningful to residents.

There were good measures in place to safeguard residents, staff and visitors from the risk of fire. These included staff training, emergency evacuation drills, servicing of fire safety equipment by external experts and ongoing fire safety checks by staff. Fire doors were fitted throughout the building to limit the spread of fire.

Residents' nutritional needs were well met. A well equipped kitchen was available in the main house for the storage, preparation and cooking of residents' food. The apartment kitchen was equipped in line with the resident's preferences. Residents chose their own food, and foods were provided to cater for residents' preferences.

Residents' human rights were being well supported. Residents had comfortable accommodation, which had been decorated and equipped to suit each person's preferences. The accommodation had been laid to provide the levels of privacy required by each individual. Residents were being supported to have good community access, to make new friends and to have regular visits to their families.

Residents' religious preferences were being respected. Each resident chose whether or not they wished to practice religion and these choices were supported. The provider had also ensured that residents were supported and assisted to communicate in accordance with their needs and relevant information was supplied to residents in formats that best suited their levels of comprehension. Residents had good choices around meals and food options, and these were also communicated to residents in formats that they could understand.

Procedures had been developed to manage temporary absence, transition and discharge of residents from the centre, although this had not been required since the centre opened. The person in charge had arrangements to ensure that any resident who was transitioning between residential services or clinical settings was well supported, and that relevant information would be shared to promote continuity of care for residents as required.

Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes. The inspector read a range of information which had been developed to guide staff and support residents to communicate. Communication passports, which described the required individual communication supports, had been developed for each resident, with the involvement of a speech and language therapist. Hospital passports, including a synopsis of each resident's care and communication needs, had also been developed for each resident. Television, radio, Internet and user-friendly pictorial aids and social stories were provided for residents in the designated centre. There was an up-to-date policy to guide practice.

Judgment: Compliant

Regulation 11: Visits

Residents were well supported to keep in touch with their loved one. Although the centre was spacious and comfortable, the person in charge explained that residents' families preferred for residents to go to the family homes to visit them and this was being supported. Residents often visited family homes and, on the day of inspection, one resident was going to spend the day at the family home accompanied by staff. Residents had access to telephones, and wi-fi was supplied throughout the centre which also enabled residents to communicate with their loved ones. There was an up-to-date visitors policy to guide practice.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were being supported to take part in a range of social and developmental activities both at the centre and in the local community in accordance with their assessed capacities and preferences.

Both residents had recently moved to supported residential living from their family homes, and therefore, were settling in to their new homes and neighbourhood. The person in charge explained that new opportunities and activities were being explored for residents to establish what they would enjoy. For example, one resident had been supported to go to a swimming pool and indicated that they loved it. As a result this resident was choosing to go swimming several times each week. Another resident showed an interest in both physical activities, and involvement with people. This resident was being supported to do voluntary work in the local community, was training for two Special Olympics sports, and had joined a gym and leisure centre.

Residents also had opportunities to take part in everyday community activities such as shopping, going to the barber or hairdresser, going out for meals.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. During a walk around the centre, the inspector found that the main house and adjoining apartment were well maintained, clean, comfortable and suitably decorated. There were spacious landscaped gardens surrounding the centre, and there was a separate enclosed garden attached to the apartment. Gardens had equipment and fittings, such as outdoor furniture, swings, a basketball hoop, an outdoor beanbag and a paddling pool for residents' recreation. The centre was served by an external refuse collection service and there were laundry facilities available for residents to use.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were being supported. The inspector spent some time in the centre's well equipped kitchen, where food could be stored and prepared in hygienic conditions. A residents, who wished to, was involved in the shopping, preparation and cooking at a level that they preferred, while one resident preferred

not to take part in food preparation. The inspector viewed records that showed that residents chose their meals for the coming week at a weekly meeting. The inspector read food records, which demonstrated that residents were having a variety of meals and that these were provided at the times that suited residents. For example, some days a resident took a late breakfast or had a late snack or meal before bed if they wished. The records also showed that the meals prepared for each resident were individualised to that person's preferences, as meals for each person were very different and were made available at different times. One resident liked to be involved in some grocery shopping while the other preferred not to do this, although their choices were included in the shopping list.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had arrangements in place to ensure that any resident who was transitioning between residential services or clinical settings would be well supported. Hospital passports had been developed for both residents which would be used to supply hospital staff with relevant information in the event of the resident requiring a hospital admission, although this had not been required to date. The inspector read both hospital passports and found that they were detailed and informative.

Judgment: Compliant

Regulation 28: Fire precautions

There were effective measures in the centre to safeguard residents, staff and visitors from the risk of fire. The person in charge showed the inspector records of fire drills, equipment servicing, personal evacuation plans and staff training.

There were arrangements in place for servicing and checking fire safety equipment and fixtures both by external contractors and by staff. Records viewed by the inspector showed that these processes were up to date. Fire extinguishers were being serviced annually and alarms and emergency lighting on a quarterly basis. Records also showed that staff were completing daily and weekly fire safety check in the centre. On a walk through the centre, the inspector saw that there were fire doors throughout the building to contain and reduce the spread of fire. Training records viewed by the inspector confirmed that all staff had attended fire safety training. The inspector also saw social stories that had been developed to help residents to understand the fire evacuation procedure.

Fire evacuation drills involving residents and staff were being carried out in the

centre every three months. The inspector viewed records of fire drills carried out since the centre opened. These had been completed in a timely manner and all residents had been promptly evacuated to safety.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There was a suitable personal planning process to ensure that residents' assessed needs were being met. Comprehensive assessment of the health, personal and social care needs of residents had been carried out, and individualised personal plans had been developed for residents based on residents' assessed needs. The inspector viewed both residents' personal plans. These plans had been developed with multidisciplinary involvement, including a speech and language therapy, psychiatry, psychology, occupational therapy and a dietician. Reviews by these healthcare professionals and information gathered during assessments had been used to develop plans of care to support residents' assessed needs. Short and long term personal goals had been developed for residents and these were being reviewed to assess their progress.

Judgment: Compliant

Regulation 9: Residents' rights

There were practices in place in the centre to support residents' human rights.

The provider and staff placed a strong emphasis on communicating with residents. The provider had ensured that information about their rights had been communicated to residents in ways that they could understand. The inspector read some right based information that had been developed for residents to explain about topics such as the right to vote, the right to be happy in their home, the right to choose their own clothes each day, as well as information about money management, complaints, evacuation and safeguarding. This information was found to be clearly presented in a very visual format.

Residents had comfortable accommodation. When the inspector visited each resident's home, it was clear that the style of decor was different in each house, as they had been decorated and equipped in line with each person's preferences.

Staff supported residents' rights to community and family interaction. On the day of inspection one resident had travelled to try out an activity of interest, while the other was visiting the family home.

Residents' religious preferences were being respected. Each resident chose whether

or not they wished to practice religion and these choices were supported. The person in charge explained that residents were not registered to vote, and that this decision had been made before they came to the centre, by their families who advocated for them.

All staff in the centre had attended training in human rights, and information viewed during the inspection suggested that residents' rights were being respected and supported.

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 24: Admissions and contract for the provision of services	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 9: Residents' rights	Compliant