



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

Issued by the Chief Inspector

Name of designated centre:	Mount Eslin
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Leitrim
Type of inspection:	Short Notice Announced
Date of inspection:	09 February 2021
Centre ID:	OSV-0005445
Fieldwork ID:	MON-0031897

About the designated centre

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

This is a service providing care and support to six adults in Co. Leitrim. The centre consists of a large two storey house on its own grounds in a rural location. One resident has their own self-contained studio apartment within the house; comprising of a fully equipped kitchen/dining area, a sitting room and bathroom. The other five residents have their own en-suite bedrooms which are decorated to their individual style and preference. Communal facilities include three large sitting rooms, a large well equipped kitchen/dining room, a second dining room and a laundry facility. The gardens to the front and rear of the property are large and very well-maintained with adequate private parking available. The service is staffed on a 24/7 basis by a person in charge, a team leader, a deputy team leader and a team of social care professionals. Managerial support is also provided from the director of operations. Systems are in place to provide for the social, health and overall well-being of each resident and as required access to GP services and a range of other allied healthcare professionals form part of the service provided.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 9 February 2021	09:00hrs to 15:00hrs	Ivan Cormican	Lead

What residents told us and what inspectors observed

The inspector found that residents reported that they liked living in this centre and that staff who supported them were nice.

The inspector met with four residents on the day of inspection and spoke for a short period of time with three of these residents. The inspection was facilitated by the person in charge and the inspector met with two members of the staff team. The inspector also met with a senior manager of the centre towards the conclusion of the inspection.

Residents who met with the inspector stated that they enjoyed the company of staff and that they were very nice. They stated that they liked their home and that they got on well with other residents. The inspector observed that they were relaxed in the company of staff and there was a calm, but busy atmosphere in the centre. Two residents spoke directly with the inspector and they stated that they felt safe and if they had any concerns they could go to the manager or any staff member.

The centre was large and spacious and residents with reduced mobility could freely access outside areas, including a smoking area which they enjoyed. There were a number of reception rooms in which residents could relax and a resident who met with the inspector said that he enjoyed spending time by himself watching the television.

A resident also had their own apartment and they were happy to show the inspector their living area. The inspector found that it was warm, homely and decorated with pictures of family and local wild life which they enjoyed. They also had pictures on display of their pets and they smiled and chatted in a caring manner when referring to them. This apartment was also large and spacious and the resident explained how they liked to prepare small meals and snacks by using the microwave and other small domestic appliances.

A staff member who met with the inspector had a good understanding of residents' individual care needs and they clearly explained how they interacted with, and supported a resident with their behavioural needs. They detailed how the resident presented when they were enjoying the company of staff, their surroundings and staff and they also explained how they knew when their resident was having difficulties in managing their behaviours. They also clearly articulated how they assisted the resident to regulate their behaviours through the use of relaxation, music and by engaging in activities which they enjoyed such as arts and crafts. The staff member went on to explain how, on occasions, a restrictive practice was implemented when they had assessed that the resident's behaviours had become a safety concern and they detailed how this practice was implemented for the shortest duration possible.

Overall, the inspector found that residents appeared to enjoy living in the centre and

the staff who met with the inspector had a good knowledge of their needs. However, the inspector reviewed safeguarding plans, incident reports and behavioural support plans and found evidence that a restrictive practice was not always implemented appropriately and that overall improvements were required in regards to the area of behavioural support. The inspector also found that there were ongoing safety concerns in regards to safeguarding and although, there had been an overall reduction in the number of safeguarding incidents, there continued to be a number of safeguarding incidents which impacted on the quality and safety of care which residents received. These issues will be discussed further in the report.

Capacity and capability

The inspector found that residents reported that they liked their home and that there was a pleasant atmosphere in the centre on the day of inspection. Management systems were also in place which ensured that all audits and reviews as required by the regulations were conducted. However, this inspection also showed that significant improvements were required in regards to behavioural support and in regards to the compatibility and safeguarding of residents.

The provider had completed the centre's six monthly audit which was detailed in nature. The audit outlined several areas which required improvements and management of the centre had ensured that these were completed within stated time lines. The annual review of the centre had also occurred following consultation with residents and revealed that overall, residents were happy with the service which was provided. The inspector found that these arrangements ensured that residents' opinions were taken into consideration and overall the provider was trying to improve the quality of the service.

The person in charge maintained an accurate rota and staff who met with the inspector had a good knowledge of residents' needs and they could clearly account the arrangements to keep residents safe. A range of training was also in place for staff which was specific to residents' needs which demonstrated that the provider had ensured that staff could meet resident's individual needs.

The person in charge maintained responsibility for the day-to-day operation of the centre and she attended a weekly governance meeting with senior management. Regular reviews of care practices were occurring and it was clear that through these practices they were trying to improve the quality of the service. The person in charge also had a good understanding of residents' care needs and it was clear through interactions on the day of inspection, and from reviewing management arrangements, that the provider was committed to providing a good service for residents. In the recent past the provider had also responded to significant safeguarding concerns and had implemented a plan which had reduced the number of safeguarding incidents in this centre, which improved the quality of life for residents.

However, the findings of this inspection indicated that further improvements were still required in regards to safeguarding, and the provision of behavioural support also required review. Subsequent to the inspection, the provider further demonstrated the oversight and governance arrangements which were in place to oversee the quality and safety of care which was provided. Although both safeguarding and the provision of behavioural support were closely monitored, these areas of care required further review.

Regulation 15: Staffing

Staff who met with the inspector had a good understanding of residents' needs and they could clearly account for the procedures which protected residents from potential abuse. A review of the rota also indicated that residents were supported by staff members who were familiar to them.

Judgment: Compliant

Regulation 16: Training and staff development

A newly appointed staff member had not completed safeguarding training, however, subsequent to the inspection the person confirmed dates for the completion of training. The person in charge also stated that this staff member was working under supervision until this training was completed. All other staff members had completed training in safeguarding, fire safety and supporting residents with behaviours of concern. Additional training had also been facilitated for staff members to support residents with their specific needs.

Judgment: Compliant

Regulation 23: Governance and management

The provider had completed all required audits and reviews as stated in the regulations; however, management arrangements had failed to address ongoing safeguarding concerns and consideration had not been given to the overall compatibility of residents. The inspector also found that improvements were required in regards to the provision of behavioural support and also in regards to the implementation of some physical restrictive practices .

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that residents appeared to enjoy living in this centre; however, a review of documentation indicated that significant improvements were required in regards to behavioural support and also in regards to safeguarding residents from negative interactions.

The person in charge assisted with the inspection and it was clear that she had a good understanding of the service and of resident's individual care needs. Safeguarding procedures within the centre, were discussed at an initial opening meeting with the person in charge and it was apparent that they had in depth knowledge of the overall procedure and of how residents would be safeguarded should a safeguarding incident occur. A staff member also had a good understanding of how residents were protected from abuse and of individual issues between residents. Initially it was indicated to the inspector that each of the four residents had one safeguarding plan; however, these plans which were reviewed by the inspector, were not relevant to recent safeguarding issues that had occurred at the centre. When brought to the attention of the person in charge, they issued the inspector with the most up-to-date safeguarding plans, but these plans were not available to staff until this had been brought to the attention of the person in charge. This indicated that a consistent and up-to-date safeguarding approach to care may not be offered at all times. Although these up-to-date plans were not available to staff up until the time of inspection, once clarified, the inspector found that safeguarding issues were reviewed on a monthly basis by the person in charge, safeguarding officers and a behavioural support specialist. Separate to residents' individual safeguarding plans, the provider had also developed a centre specific safeguarding plan which assisted in protecting residents from abuse.

Although, there had been an overall reduction in the number of allegations of abuse reported in the previous six months, safeguarding related incidents continued to occur, with safeguarding procedures and review processes failing to prevent residents from having negative interactions with each other. For example, several incidents of negative verbal interactions along with two negative physical interactions, had occurred within the last four months and were referred to the centre's designated officer prior to this inspection. In conjunction with these incidents, on two separate occasions a resident also complained about the noise and behaviour of a fellow resident and a further two negative interactions with staff members were also reported by a resident. Overall, the inspector found that, although the provider had implemented measures such as one-to-one staffing to address individual safeguarding issues, safeguarding concerns were dealt with in isolation and failed to address the overall management of safeguarding and the compatibility of residents.

The centre had one active behavioural support plan which was reviewed by the inspector. The plan aimed to provide guidance to staff when assisting a resident with their behavioural needs. The inspector found that this plan was recently

reviewed and provided staff with detailed information in regards to supporting the resident to maintain a baseline of behaviour which helped them to enjoy their surroundings and activities. The inspector met with this resident and they told the inspector that they liked their home and that staff supported them to spend time with their family which they really enjoyed. A staff member who also met with the inspector had detailed knowledge of their individual needs and they clearly outlined how they supported the resident to return to a baseline of behaviour when they presented with behaviours of concern.

However, the inspector found that significant improvements were required in the overall approach to behavioural support and also in regards to the implementation of physical restrictive practices. As mentioned above there was clear guidance in place to support the resident to maintain a baseline of behaviour, but the behavioural support plan did not sufficiently detail what duration of specific displayed behaviours required a physical intervention by staff. The inspector found that this lack of specific guidance resulted in occasions when physical interventions by staff were not appropriate or warranted, which overall impacted on the both the quality and safety of care which this resident received. Furthermore, the resident also engaged in physical behaviours which required staff members to wear personal protective equipment (PPE), but there was no mention of these behaviours in the resident's behavioural support plan or the recommended use of PPE. The inspector observed one staff member was not wearing their PPE when supporting this resident and this was brought to the attention of the person in charge on the day of inspection.

A review of incidents in the centre indicated that overall, staff members responded in a positive manner to escalations in behaviour and it was clear that staff members were attempting to help the resident with their behaviours and assist them to return to a baseline of behaviour. However, when examining these incidents, it was also clear that, on occasions and due to their behaviours, the resident did not want support from some staff members. On these occasions incident reports indicated that these staff members continued to remain in the resident's vicinity and to also support them with their needs which resulted in an escalation of behaviours including property damage and verbal and physical interactions with staff members. The inspector found that although these incidents were reviewed by management of the centre, they were dealt with in isolation and the information which was available on the incident reporting system was not used to improve the care which the resident received.

Good examples of practice were found in risk management procedures within the centre. A sample of risk management plans for issues which impacted on the provision of care were reviewed by the inspector. Risk management plans were robust in nature and there was a clear correlation between initial risk ratings and their subsequent reduced rating following the implementation of considered control measures. The person in charge had a good understanding of these plans which assisted in promoting the safety of residents.

Overall, the inspector found that although residents reported that they felt safe and liked living in the centre, a review of incidents, safeguarding measures and

measures for behavioural support clearly indicated that significant improvements were required to ensure that the quality and safety of care were maintained to a good standard at all times.

Regulation 26: Risk management procedures

The provider had robust risk management systems in place and a review of risk assessments indicated that the provider was responsive to identified issues which impacted on residents' safety. The provider also a system in place for identifying, monitoring and responding to adverse events which also assisted in promoting residents' safety.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had a good understanding in regards to supporting a resident with the behavioural needs, however, improvements were required in relation to a behavioural support plan which did not give sufficient guidance in regards to the implementation of a physical restrictive practice. As a result, the provider failed to demonstrate that this physical intervention was implemented appropriately at all times and also in the least restrictive measure possible.

Judgment: Not compliant

Regulation 8: Protection

Although residents who met with the inspector said that felt safe in the centre and safeguarding was reviewed by management on a monthly basis, safeguarding concerns continued to occur in this centre. The provider also failed to demonstrate that management had taken the compatibility of residents into consideration when addressing safeguarding concerns.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 26: Risk management procedures	Compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Mount Eslin OSV-0005445

Inspection ID: MON-0031897

Date of inspection: 09/02/2021

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1) Monthly safeguarding reviews of the Centre to take place. Regularity of these reviews will be determined after 3 months (04/06/2021) 2) Person In Charge to monitor compatibility of Residents through monthly review of impact assessments and review of Incidents. (Completed 28/02/2021) 3) Person In Charge to complete a review of the MEBSP for Residents on a minimum quarterly basis or sooner if required following review of incidents and feedback to the behavioural specialist (30/04/2021) 4) Person In Charge & behavioural specialist to review restrictive practices on a minimum quarterly basis (12/03/2021) 	
Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ol style="list-style-type: none"> 1) The MEBSP in place for Resident in the Centre underwent a full review and has been implemented (Completed 17/02/2021) 2) Person In Charge and behavioural specialist reviewed the MEBSP with the staff team (Completed 26/02/2021) 3) A review of physical restrictive practice implemented has been completed by the behavioural specialist with the staff team. Learnings identified have been incorporated into the MEBSP. (Completed 04/03/2021) 4) Person In Charge reviews restrictive practices at each team meeting in the Centre. 	

(Completed 26/02/2021)

Regulation 8: Protection

Not Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

- 1) Safeguarding review of the Centre to take place with the Designated officer, Person In Charge, behavioural specialist and behavioural specialist manager. (Completed 25/02/2021)
- 2) Person In Charge to implemented actions from the safeguarding review. (Completed 01/03/2021)
- 3) Person In Charge to implemented environmental changes identified through the safeguarding review. (30/09/2021)
- 4) Monthly safeguarding reviews of the Centre to take place. Regularity of these reviews will be determined after 3 months (11/03/2021)
- 5) Person In Charge to monitor compatibility of Residents through monthly review of impact assessments. (28/02/2021)
- 6) Behavioural specialist to continue with weekly meeting with Resident and review MEBS where required taking into consideration potential impact on others. Regularity of these meetings will be reviewed after 8 weeks. (30/04/2021)

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 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	04/06/2021
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Not Compliant	Orange	04/03/2021
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour	Not Compliant	Orange	04/03/2021

	necessitates intervention under this Regulation all alternative measures are considered before a restrictive procedure is used.			
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Not Compliant	Orange	04/03/2021
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Not Compliant	Orange	30/09/2021