



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

Issued by the Chief Inspector

Name of designated centre:	Stonehurst
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Carlow
Type of inspection:	Announced
Date of inspection:	12 January 2022
Centre ID:	OSV-0005463
Fieldwork ID:	MON-0027090

About the designated centre

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

Stonehurst provides 24-hour care to children with disabilities, both male and female, aged between 12 and 17 years of age. The property is a four bedroomed, two storey house. It is located in a rural setting. It contains a kitchen/dining room, sitting room, conservatory and utility room. A converted garage to the side of the house offers a space which can be used as a day room and/or sensory room. A maximum of four residents will be accommodated at any one time. Each resident has their own en-suite bedroom. Services are provided in this centre to support residents with a wide range of support needs including intellectual disability and autism spectrum disorder (ASD). Individual supports are provided in accordance with pre-admission assessments and continuous multi-disciplinary review. Staff ordinarily involved in multi-disciplinary care include a psychiatrist, psychologist, occupational therapist, speech and language therapist and nurses. Day-to-day care is delivered by a team of social care workers and assistant support workers. The statement of purposes states that individual goals are outlined and aimed at enabling residents to live their lives to the full; and that these are reviewed annually with all stakeholders; and monthly between residents and key workers.

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 (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
Wednesday 12 January 2022	10:00hrs to 17:00hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

The inspector met with three of the four residents that lived in this designated centre. The fourth resident was at college and was not scheduled until return to late in the evening. To gather a sense of what it was to live in the centre the inspector spent some short periods of time speaking with residents, observing care and support practices, completing documentation review and speaking with different staff members. The overall impression was that residents enjoyed a good quality of life, where independence, life skills, and engagement in meaningful activities were central to residents' well being. The centre was fully compliant with all regulations reviewed.

As the inspection took place during the fourth wave of the Covid-19 pandemic, interactions with residents occurred in line with current public health guidelines. Suitable personal protective equipment was used and a two metre distance was maintained at all times.

On arrival at the centre, a resident was sitting at the kitchen table accompanied by staff. They warmly welcomed the inspector to their home and were eager to show the inspector around. The resident showed the inspector their bedroom. They had chosen the colour of the paint on the walls and had some personal items on display. They then showed the outside of the home as they took particular pride in the large outside space. During this time the resident, with support from a staff member, spoke about activities they liked doing such as listening to music, running, and going for drives. The resident was comfortable with the staff member present and referred to them by name. They frequently smiled at the inspector during this time and they seemed to be comfortable in their home environment. Following a five kilometre walk with staff, the resident returned to the designated centre. The staff were supporting the resident with their lunch time routine. Choice of food and drink was offered and all requests by the resident were respected. During this time, light hearted discussions between the staff and the resident were noted. The resident began to sing one of their favourite songs and a staff member joined in.

Later in the day, a second resident got up. This resident requested to sleep on in the morning and this was respected by all staff. When the resident got up, staff were observed to offer breakfast and discuss relevant plans for the day with the resident. The resident enjoyed spending time speaking about gaming and staff engaged willingly in these discussions with the resident. When the resident met with the inspector they did not to engage with them. This was respected.

In the afternoon, the third resident arrived home from school. They independently hung up their school bag and went to change their clothes. Staff warmly welcomed them home and asked about their day. Later they were sitting at the table engaging with a preferred activity. This resident particularly enjoyed different types of crafting and the staff ensured that these activities were readily available. This resident patiently engaged in this activity and was helping staff with the same. The resident

was relaxed during this time and was seen to respectfully direct the staff member on how the activity might be best completed. They told the inspector they had a good day in school. They spoke about some of their favourite television programs and that for the rest of the evening they would be relaxing in their home.

The resident who was not present on the day of inspection was at third level college. They had recently commenced a degree program and staff spoken with expressed how well this resident was doing with their chosen course. The inspector had the opportunity to speak with their key worker. They discussed how the resident was fully immersing themselves in college life, they had joined clubs and had made friends. They were being supported to organise their time to ensure all relevant course work was being completed as required. Discussions with staff indicated that this resident was doing very well, their independence and life choices were being facilitated and respected.

In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

This was the second unannounced inspection of this centre. Overall, the lived experience of residents was being positively influenced by a good level of oversight, leadership, governance and management systems. The inspector found that the designated centre was appropriately resourced for the number and assessed support needs of residents.

This inspection was facilitated by the person in charge and director of operations. They were found to be knowledgeable in relation to residents' care and support needs and their responsibilities in relation to the regulations. From speaking with them and reviewing documentation in the centre, it was evident that they were motivated to ensure that residents were developing independent skills, engaged in their community and had access to meaningful activities.

A range of systems including audits, regular team meetings, unannounced provider visits, annual review, management meetings, trending of incidents and contingency planning processes were in place to ensure regular and consistent oversight of the service provided to residents. These systems were identifying areas of improvements and timely actions were completed in relation to audit findings. For example the unannounced provider audit in May 2021 identified 21 actions. From this audit the person in charge completed an audit folder which identified each action and relevant evidence was provided when each action was completed. These audits also trend the use of restrictions, incidents accidents and notifications to ensure any significant

increase or decrease in these events are accurately accounted for.

The annual review was completed in May 2021. The inspector found examples of where the provider had outlined their objectives for the coming year, reflected on the operation of the service in the previous 12 months, and set out time-bound actions to address areas identified as being in need of improvement. The inspector also found evidence of how the feedback, commentary, suggestions and satisfaction of those living in this centre were gathered to reflect the opinions and lived experience of the residents.

Registration Regulation 5: Application for registration or renewal of registration

All relevant documentation had been submitted in a timely manner to ensure the renewal of the centre would be completed in line with the time lines specified in the regulations.

Judgment: Compliant

Regulation 15: Staffing

At the time of inspection there were two whole time equivalent vacancies. The provider was actively recruiting for these roles. The existing staff team or regular relief staff were available to cover relevant shifts as required.

There was appropriate staffing arrangements in place to support residents. The provider had developed a master roster of all their services to ensure adequate resourcing of staffing was utilised during the ongoing pandemic. This enhanced oversight ensured staff could be redeployed to areas as needed. In addition to this, risk assessments were utilised to ensure staffing levels remained in place that would ensure safe and consistent care was provided. For example in the current centre, staffing had been reduced at night time to ensure there were sufficient staff during the day to allow residents to continue to access the community in line with their assessed needs. This arrangements was in response to staffing shortages experienced due to a high number of staff self-isolating in the fourth wave of the Covid-19 pandemic. This arrangement was subject to regular review.

Staff rosters were well maintained and evidenced an overall stable staff team in place which allowed continuity of care. On the day of inspection staff were observed to be familiar and attentive to residents' specific needs. They interacted in a kind and positive way with residents. Staff spoken with demonstrated good knowledge of residents individual routines, likes and dislikes.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to training and refreshers in line with residents' needs and had the required competencies to deliver safe care and support for residents. An up-to-date training matrix was in place and was reviewed on a regular basis to ensure staff are scheduled to complete training as necessary.

Staff were supported in their roles and were in receipt of regular formal supervision. A supervision schedule of 2022 was in place. A sample of supervision notes were reviewed for 2021 and included formal supervision sessions with the person in charge or team leaders. In addition to this on the floor management and supervision occurs for staff on a regular basis.

Judgment: Compliant

Regulation 22: Insurance

The centre was appropriately insured in the event of accidents and or incidents occurring.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management structures which identified the lines of authority and accountability for each staff member. The person in charge reported directly into the director of operations. The person in charge was responsible for one other designated centre. To ensure effective oversight when the person in charge was not present a team leader and deputy team leader were in place. Staff spoken with were able to identify relevant management and were aware of relevant on call and reporting arrangements.

A suite of audits were being completed regularly to ensure appropriate oversight and monitoring of the service. The annual review was completed and included resident views which was collated from satisfactions surveys and questionnaires. Family members and relevant stakeholders are also invited to contribute to this report. An accessible version of this report had been developed and was available for the residents to review if they so wished.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose had been updated to reflect the current assessed needs and age range of the individuals that could access the service on renewal of the registration.

Judgment: Compliant

Quality and safety

The provider and local management team were striving to ensure that residents were in receipt of a good quality and safe service. Residents were being supported to make choices in their daily lives and to stay busy engaging in meaningful activities. From what the inspector observed when visiting the designated centre it was found that, residents lived in a clean, warm and well maintained home. Some residents expressed that they liked where they lived. Observations indicated residents seemed comfortable in their home and were taking part in decisions around the care and support they were receiving.

As previously mentioned, the premises was clean, homely, and well maintained. Residents' bedrooms were personalised to suit their tastes and communal areas in the centre were bright, airy and decorated with pictures and soft furnishings. There were cleaning schedules in place to ensure that each area of the centre was regularly cleaned, including regular touch point cleaning. The provider had developed or updated existing policies, procedures and guidelines to guide staff in relation to infection prevention and control during the pandemic. There were adequate supplies of personal protective equipment (PPE), and systems in place for stock control. Staff had completed a number of infection prevention and control related trainings since the start of the pandemic.

Overall, residents were protected by the risk management policies, procedures and practices in the centre. The organisation's risk management policy contained the required information and there were systems in place to identify, assess and manage risk. Systemic trending of incidents, accidents and near misses occurred on a regular basis to ensure an emerging trends were identified in a timely manner. Staff spoken with were able to identify pertinent risks and relevant control measures. Positive risk taking was encouraged as appropriate to ensure residents developed independent skills as required.

Overall, there were effective fire management systems in place. Suitable fire equipment was available and regularly serviced. There were adequate means of

escape which were kept unobstructed and emergency lighting was in place as required. Residents had personal emergency evacuation plans in place. Fire drills were occurring regularly and residents and staff were able to demonstrate timely evacuation of the premises.

Residents were protected by the policies, procedures and practices relating to safeguarding in the centre. Allegations and suspicions of abuse were investigated and followed up on in line with the organisation's and national policy. Safeguarding plans were developed and reviewed as required. Residents had intimate care plans in place which detailed their preferences and any supports that they required.

Regulation 17: Premises

The premises was designed and laid out to meet the number and needs of residents in the centre. The house was found to be clean, comfortable, suitable decorated, and well maintained both internally and externally.

Residents had access to private and communal spaces. They also had access to suitable storage facilities for their personal use. There was a large garden with suitable seating and recreational activities available to residents.

Judgment: Compliant

Regulation 20: Information for residents

The residents guide contained all the required information including how to access inspection reports.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

On review of transition plans it was found that residents were being appropriately supported in line with specific assessed needs. Transition plans had been developed that detailed the supports required, such as social stories and meeting new staff.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a policy in place which contained the information required by the regulations.

From the sample reviewed, risks were identified, assessed and control measures implemented as required. Individual and centre risk management plans were in place and reviewed on a regular basis.

Judgment: Compliant

Regulation 27: Protection against infection

Residents were protected through the infection prevention and control policies, procedures and practices in the centre. Staff had completed a number of additional trainings in relation to infection prevention and control during the pandemic and the provider had developed contingency plans for use during the pandemic.

The premises was found to be clean throughout and there were cleaning schedules in place to ensure that each area of the centre were cleaned regularly.

There were suitable systems in place for laundry and waste management and there were also systems in place to ensure there were sufficient supplies of PPE available in the centre.

Judgment: Compliant

Regulation 28: Fire precautions

Overall, there were effective fire management systems in place. There were adequate arrangements for detecting, and extinguishing fires. There were adequate means of escape and emergency lighting in the centre.

There were systems in place to ensure fire equipment was serviced, tested and maintained and the evacuation plan was on display. The residents had a personal emergency evacuation plans in place which detailed the support they may require to safely evacuate the centre. Fire drills were found to be occurring regularly to demonstrate that the residents could safety evacuate the centre in the event of a fire.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed a sample of residents' assessments of needs and personal plans. They were found to be person-centred and reflective residents' care and support needs. They were reviewed regularly to ensure they were up-to-date and reflective of changing and evolving needs. Residents' involvement in the development and review of their personal plans was evident. Residents had access to a keyworker. Through observation, discussions with staff and a review of documentation, the inspector found that residents were supported to spend their day in accordance with their individual choices, interests and preferences.

Judgment: Compliant

Regulation 6: Health care

The residents were being supported access to health and social care professionals in line with their assessed needs. Health management plans were in place to guide staff in relation to best meeting resident specific needs. These plans were detailed and regularly updated to reflect any change in needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

In order to best support residents, behaviour support plans were in place as required. These plans were developed in line with evidence based practices and were updated as required. Staff spoken with were familiar with the specific plans in place and were able to discuss relevant details. Behaviour support plans detailed target behaviour, any precursor/triggers/setting events that may effect the specific resident, as well as detailed proactive and reactive strategies.

Some restrictive practices were utilised in the centre. There was a clear rationale for the use of the same. All practices were reviewed on a regular basis. Restrictive practice reduction plans were also implemented. Clear objective data was utilised in these plans to ensure that the restriction was removed on the basis of observable criteria.

Judgment: Compliant

Regulation 8: Protection

The residents were protected by the policies, procedures and practices relating to safeguarding and protection. Safeguarding was discussed regularly with both residents and staff. Staff had completed training in relation to safeguarding and the prevention, detection and response to abuse.

The residents personal plans were detailed in relation to any support they may required with their personal and intimate care.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant