



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

Issued by the Chief Inspector

Name of designated centre:	Newhall
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Laois
Type of inspection:	Short Notice Announced
Date of inspection:	05 May 2021
Centre ID:	OSV-0005728
Fieldwork ID:	MON-0032742

About the designated centre

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

Newhall consists of a large detached house and a separate standalone unit, located in a rural area. The designated centre currently provides a service for up to six adults, over the age of 30 with an intellectual disability and other needs. The centre can provide for both males and females. Each resident has their own bedroom and other facilities in the centre include a kitchen, dining room, a lounge, a relaxation room, staff facilities and bathrooms. Staff support is provided by social care workers and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

6

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
Wednesday 5 May 2021	10:00 am to 4:30 pm	Sinead Whitely	Lead
Wednesday 5 May 2021	10:00 am to 4:30 pm	Sarah Cronin	Support

What residents told us and what inspectors observed

This inspection took place in the middle of the Covid-19 pandemic. Communication between inspectors, staff, residents and management took place from a two metre distance and interactions were limited to 15 minute intervals. Inspectors had the opportunity to meet all of the residents, the staff on duty and management over the course of the day.

The designated centre comprised of a large two storey home and a small separate bungalow apartment in a rural setting. The house was well maintained, warm, nicely decorated and appropriately furnished. Bedrooms were clean, well ventilated and decorated in accordance with the resident's interests. To the rear of the house, there was a large garden area with a patio and a built in barbecue. The separate bungalow apartment had its own garden area which was separated from the main garden by a fence. The garden fence was painted by the resident and there were potted plants in the garden.

From meeting and speaking with residents and staff and observing practice, the inspectors found residents were receiving a good standard of care and support. Questionnaires completed by residents indicated that residents were happy in their home and mentioned the staff, food, their rooms and activities as things they most enjoyed about living there. Residents appeared comfortable and content in their home. Residents said they felt safe and could talk to staff if they had any concerns.

On arrival to the centre, the inspectors were greeted by two residents in the kitchen. One of them showed inspectors their drawings and showed them the kitchen area. Due to the pandemic, residents were not attending day services. Activities were being delivered by the provider online for residents who wished to attend. A resident was observed attending an art class independently and they showed the inspector their art after the class which they were proud of. Another resident reported they "loved" living in the centre and they were happy to live with their friends who they had lived with in another centre before transitioning to this centre together in 2018. For one resident who communicated through body language, gestures and vocalisations, staff were able to explain how best to support them. Staff were observed to be very respectful in interacting with the resident and it was clear they knew the resident well.

One of the residents who lived in a self-contained bungalow apartment invited the inspectors into their home. They showed the inspectors each of the rooms in the apartment. The resident showed inspectors the fire alarm in their bedroom and explained what they needed to do in the event of a fire. They told inspectors that they did some jobs in the house and spoke about cooking meals they enjoy. The resident had a smoking shed in the garden and showed inspectors where they smoked and where they put cigarette butts once they were finished. The resident went on a bus trip with support staff for the afternoon.

Residents were involved in the day to day running of their home. A weekly meeting took place with residents which was used to discuss activity planning, menu planning, fire safety, updates on Covid-19, respect for one another and a forum to discuss any concerns residents have. Minutes of the meetings represented the voices of the residents well by using direct quotes where appropriate. Residents had weekly meetings with their key workers and rights were discussed as part of these meetings.

Residents had personal plans outlining their needs and goals in a number of areas including skills development, education , money management and medication management. Residents had their own bank accounts and access was supported in accordance with their assessed needs. Residents were supported to administer their own medication if they wished to do so and at a level appropriate to their assessed needs.

In summary, residents appeared to be happy, content and comfortable in their home. They appeared to be comfortable with the staff and happy with the support they received. The inspectors observed kind and respectful interactions between residents and staff and staff were knowledgeable and skilled in supporting residents on a daily basis. Residents were being supported to make choices about their daily routines and in the day to day running of their home.

The next two sections of the report will present findings in relation to the governance and management arrangements in place in the centre and how they impact on the quality and safety of the service being delivered to residents.

Capacity and capability

Overall inspectors found high levels of compliance with the regulations which reflected the providers capacity and capability to provide a safe and effective service to the residents. Residents appeared to enjoy living in the centre and appeared happy with the staff supporting them and the service provided.

There were clear management systems in place and evidence that the service provided was regularly reviewed and audited. There was a regular management presence in the centre with a full time person in charge and two deputy team leaders. Staff and residents spoken with, appeared familiar with the management structure and who to approach should they have a concern.

The staff team consisted of social care workers and support staff. Inspectors observed appropriate support levels in place during the day and night. Contingency plans and an on-call system were in place to manage COVID-19. Supervision and performance management systems were in place for all staff as per the providers policy. The training matrix indicated that all staff had completed mandatory training in areas such as fire safety and safeguarding. Training provided, service policies and input from multidisciplinary professionals appeared to inform the care practices in

the centre

Residents were regularly consulted about the service provided. The centre had a complaints policy in place and there were no complaints communicated with the inspectors on the day of inspection. Residents had access to advocacy services if required. Resident meetings took place on a weekly basis.

Regulation 14: Persons in charge

There was a full time person in charge in place who had the skills and experience necessary to effectively monitor and manage the designated centre and met the requirements set out in regulation 14. The person in charge had a regular presence in the centre and was supported by two deputy team leaders.

Judgment: Compliant

Regulation 15: Staffing

The staff team consisted of social care workers and support workers. Residents also had access to further multidisciplinary support, if required, within the organisation including nursing support, a behaviour specialist, psychiatry, psychotherapy, speech and language therapy and occupational therapy. Staff spoken with on the day of inspection, appeared familiar with the residents individual needs.

There was a staff rota in place which clearly identified staff and the hours they were working. Inspectors found that there were appropriate staffing levels in place to meet the needs of the residents living in the centre. The centre had access to a relief panel of staff to cover shifts when the need arose.

Judgment: Compliant

Regulation 16: Training and staff development

The staff training matrix demonstrated that all staff had completed mandatory training in addition to a number of other courses relevant to their roles. Training had been provided in areas including safeguarding, medication management, fire safety, infection control, manual handling and behaviour management.

Supervision and performance appraisal for all staff was in place with key objectives and time lines in place. In addition, there was an 'on the floor' supervision which enabled supervisors to observe practices and give feedback in real time on a regular

basis.

Judgment: Compliant

Regulation 23: Governance and management

There were appropriate systems in place for the governance and management of the designated centre, with a clear structure and lines of accountability identified. There was a full time person in charge in place and two deputy team leaders. There was also a regional director of operations who was senior to the person in charge and had a regular presence in the centre and regular oversight of the service provided.

The inspectors observed evidence of regular auditing and review of the service. An annual review of the quality and safety of care and support had been completed and a six monthly unannounced visit and subsequent report had also been completed by a person nominated by the registered provider. The provider also had a quality and safety team who carried out regular thematic audits in the centre. Reviews and audits were appropriately identifying areas in need of improvement and action plans were devised with clear time lines and persons responsible to address these areas.

Judgment: Compliant

Regulation 34: Complaints procedure

All residents had completed satisfaction questionnaires prior to the inspection day and these all communicated high levels of satisfaction with the service provided. One resident communicated that everything was "magic and wonderful" in the centre.

There were no complaints communicated with the inspectors, and following a review of the centres complaints records, there were no open complaints from residents. The complaints procedure was observed on the centre wall and was displayed in an accessible format. There were weekly service user forum meetings where residents were given an opportunity to voice any concerns or complaints.

Judgment: Compliant

Quality and safety

Inspectors reviewed a number of key areas to determine the quality and safety of the care provided. This included observing care practices and a review of resident personal plans, behaviour support documentation, safeguarding plans, resident meeting minutes, risk management documentation, and fire safety documentation. In general, inspectors found that measures were in place to ensure residents were receiving a high quality and safe service. However, measures were needed regarding fire safety to promote residents safety at all times. Arrangements were not in place to ensure that one resident would evacuate the centre in an efficient manner in the event of a fire.

The premises was designed and laid out to meet the assessed needs of the residents and was well maintained. Residents had personalised aspects of their home to suit their preferences. The centre was visibly clean. Enhanced cleaning schedules had been implemented due to COVID-19 along with a number of further infection prevention and control measures. All staff were observed wearing face masks throughout the inspection in line with national guidance for residential care facilities.

Residents documentation was regularly reviewed and inspectors found that documentation reflected residents most current plan of care. Plans incorporated all aspects of supporting residents and included behavioural support, risk management and safeguarding measures. Residents appeared to have regular input into their plan of care and their choice and preferences appeared to be considered and respected.

Safeguarding incidents and risks were treated in a serious manner and all staff had received up-to-date training in the safeguarding and protection of vulnerable adults. There were clear reporting systems in place for in the event of a safeguarding concern.

Regulation 17: Premises

The premises was clean, bright and homely on arrival. The building appeared well maintained and the registered had provider had ensured that all matters set out in Schedule 6 had been provided including social, recreational, dining and private spaces.

The designated centre comprised of a large two storey home and a small separate bungalow apartment in a rural setting. The house was well maintained, warm, nicely decorated and appropriately furnished. Bedrooms were clean, well ventilated and decorated in accordance with the resident's interests. To the rear of the house, there was a large garden area with a patio and a built in barbecue.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place in the centre for the assessment, management and ongoing review of risk. All residents had individual risk management plans in place and there was a centre risk register in place which was regularly reviewed. New potential risks were regularly discussed with staff and plans were in place to respond to any adverse incidents in the centre. Accidents and incidents were recorded and reviewed and actions were taken to mitigate the risk of further incidents when necessary.

Risks associated with residents smoking had been assessed and mitigating measures implemented to reduce potential risks associated with this. A falls risk assessment had been completed for all residents. Inspectors also observed hand rails around the centre which had been implemented to reduce the risk of one resident, with a visual impairment, from falling. One resident also had full time access to a bell to alert staff when they required assistance. This mitigated the risk of them falling.

Judgment: Compliant

Regulation 27: Protection against infection

Appropriate measures were in place for protection against infection in the centre. The management of the COVID-19 pandemic had been a priority in the centre in recent times. Staff had all completed up-to-date training in infection control and the donning and doffing of personal protective equipment (PPE). The provider had installed a separate donning and doffing shed outside of the designated centre. Staff had appropriate access to PPE and stocks of PPE were audited daily. All staff were completing risk assessment questionnaires prior to coming on duty. Hand washing facilities and alcohol gels were observed around the house.

All residents had personalised COVID-19 care plans and risk assessments in place and the provider had developed a specific COVID-19 standard operating procedure. Some residents had been required to self-isolate due to identified risks and residents appeared to be well supported during these periods. Inspectors observed evidence of regular and consistent communication with residents family and staff regarding the management of the COVID-19 pandemic. All staff had access to up-to-date guidance on the management of COVID-19 in residential care facilities.

Judgment: Compliant

Regulation 28: Fire precautions

Systems had been implemented to promote fire safety in the designated centre. All

residents had personal emergency evacuation plans in place which assessed their levels of capacity regarding fire safety, their mobility levels and the support required in the event of a fire. External fire specialists serviced fire fighting equipment regularly. Inspectors observed adequate containment systems, emergency lighting and evacuation routes and plans prominently displayed.

The inspectors queried detection systems in place in the centres' laundry services on the day of inspection. This was a building external to main house. Management consulted the centres fire specialist regarding this and a smoke alarm was installed in this room on the day of inspection following this query.

Fire evacuation drills were being completed regularly and these simulated both day and night time conditions. However, following a review of evacuation drills it was found that arrangements were not in place to ensure that one resident would evacuate the centre in an efficient manner in the event of a fire. This had been identified during the centres most previous inspection and the provider had completed works to the premises, in an attempt to address this. However, a system was still not in place to fully ensure that the resident could evacuate in the event of a fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

All residents had personal comprehensive assessments of need in place and personal plans. These were subject to review and had regular input from members of the multidisciplinary team supporting the residents.

There was a key working system in place and key workers were responsible for maintaining residents documentation and ensuring that residents were supported with their goals. Residents had personalised social goals in place which had a focus on developing independent living skills. One residents goals included developing their cooking skills, learning to use a travel pass, and doing their own laundry.

Care plans also included "characteristics of people who support me" where the residents had identified their preferred characteristics of the staff supporting them.

Judgment: Compliant

Regulation 7: Positive behavioural support

Inspectors examined the incident and accident log, the restrictive practice register and residents' positive behaviour support plans. There were clear systems of oversight in relation to restrictive practice and behaviour support plans. All residents

were under the care of a psychiatrist. Behaviour support plans were developed with a behavioural support therapist and clearly detailed residents' behaviours and proactive and reactive strategies for staff to use in order to best support residents. A behavioural support therapist carried out audits of plans on a quarterly basis. Any restrictive practices in place in the centre were clearly outlined with a rationale for their use and there were protocols in place.

Following any incidents, staff carried out a de-brief with residents and implemented change as required. One example of this that following incidents due to residents becoming very close to each other on the way into the kitchen, the provider implemented a one-way system in and out of the room and therefore maintained physical distancing. This was outlined to residents and marked on the floor.

Staff were knowledgeable about residents' behaviour support needs and were observed to respect residents' needs and react appropriately in line with residents' needs.

Judgment: Compliant

Regulation 8: Protection

The provider and person in charge had systems to safeguard the residents. There were policies and procedures in relation to safeguarding and providing intimate care. Inspectors reviewed a number of residents' intimate care plans and these were detailed, attached to an appropriate care plan and guiding staff practice. Safeguarding incidents which had occurred were recorded in the incident care log and reported and investigated appropriately in line with national policy. Staff were knowledgeable about the reporting process of any safeguarding concerns and residents reported they could talk to staff about any concerns they had.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, residents rights were respected and upheld. Staff worked with residents on an individual basis to inform them about their rights. Residents participated and were consulted with in the day to day running of their home. Residents were supported to access finances and learn about administering their medication in line with their assessed needs and wishes. Rooms were decorated in line with each residents interests. During the day, inspectors noted interactions to be respectful and supportive of residents' choices. Staff were observed to respect residents' privacy during the inspection.

Weekly meeting took place with residents which was used to discuss activity planning, menu planning, fire safety, updates on Covid-19, respect for one another and a forum to discuss any concerns residents have. Minutes of the meetings represented the voices of the residents well by using direct quotes where appropriate. Residents had weekly meetings with their key workers and rights were discussed as part of these meetings.

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 - 2015 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 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	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	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Newhall OSV-0005728

Inspection ID: MON-0032742

Date of inspection: 05/05/2021

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 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. Person in Charge will review and amend relevant personal emergency evacuation plan (PEEP) to adopt a progressive and phased evacuation strategy which would involve supporting the Service User to a ‘safe location’ before proceeding to the assembly point, proposed ‘safe location’ will be the porch at the front of the Centre. Person in Charge will ensure the Service User can evacuate the Centre to the ‘safe location’ in an efficient manner. 2. Person in Charge facilitated a night-time drill on the 21.06.21, all Service Users were evacuated to the identified ‘safe location’ in a safe and appropriate timeframe, day-time drill was also carried out on 20.06.21 and all Service Users were evacuated to the identified ‘safe location’ in a safe and appropriate timeframe, time taken for this drill was considerably less to that taken for the night-time drill. The overall standard of all fire drills is reviewed by Centre management and opportunities for improvement are identified where possible. 3. Person in Charge will update Centre’s Fire evacuation procedure to include changes to the Service Users personal emergency evacuation plan (PEEP) and the fire safety risk assessment will also be updated. 4. Person in Charge will organize for fire drills to be completed to demonstrate that at all times, during all shifts, everyone in the Centre can be safely evacuated. 	

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(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	31/07/2021