



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:	Announced
Date of inspection:	08 February 2022
Centre ID:	OSV-0005728
Fieldwork ID:	MON-0027701

About the designated centre

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

Newhall is a designated centre operated by Nua Healthcare Services Limited. This centre is located in a rural setting in Co.Laois and provides residential care for up to six male and female residents, with an intellectual disability, who are over the age of 18 years. The centre comprises of two buildings, located within close proximity to each other. The main building accommodates five residents, with each having their own bedroom, some en-suite facilities, shared bathrooms, two sitting rooms, kitchen, dining area, staff offices and laundry room. The second building accommodates one resident, who has their own en-suite bedroom, open plan kitchen, living and dining area and staff toilet and bedroom. Each building provides residents with a garden area to use as they wish. Staff are on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
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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
Tuesday 8 February 2022	11:00hrs to 17:00hrs	Anne Marie Byrne	Lead

What residents told us and what inspectors observed

This was an announced inspection to monitor the provider's compliance with the regulations. The inspection was facilitated by the person in charge and director of operations for the centre.

This designated centre comprised of two buildings, located in close proximity to each other. One building was occupied by five residents and the other building was occupied by one resident. In the main building, residents had their own bedroom, most residents had access to their own en-suite, shared bathrooms, laundry room, two sitting rooms, staff offices, kitchen and dining area. There was a large garden to the front and rear of this building, for residents to use as they wished. The residents living here had varied social interests, with some preferring to spend recreational time away from their peers and the spacious layout of this house allowed for this. In the other building, this resident had their own open plan kitchen, dining and living space, en-suite bedroom, staff toilet and bedroom and enclosed garden area. Both buildings were tastefully decorated, well-maintained and provided residents with a very comfortable and homely living environment. Bedrooms visited by the inspector were personalised to residents' own taste and interests, with photographs of friends and family proudly displayed. These bedrooms were also very spacious and bright, which had a positive impact for residents in use of mobility aids.

Upon the inspector's arrival to the centre, she was greeted by the person in charge and brought to the rear of the main building to a donning and doffing station, for temperature checking and to perform hand hygiene before entering the centre. Here, she was also greeted by one resident, who was in the process of doing their laundry. In the main building, there was a very calm and relaxed atmosphere where staff were supporting residents with their morning routines. One resident was relaxing and watching television in a sitting room, another resident was having their breakfast, a resident getting ready to head out with staff and another resident was having a lie on in bed. A milestone birthday was recently celebrated by one of these residents, with balloons and birthday cards displayed in communal rooms to signify the occasion. These residents briefly engaged with the inspector and where some had assessed communication needs, staff supported the inspector to interpret what these residents wanted to say. Residents appeared very comfortable in the company of the staff members on duty and were observed to freely access all areas of their home, with one resident intermittently coming in and out of a staff office, as they wished, to speak with the members of staff who were facilitating this inspection. Upon the inspector's arrival to the second building, they were greeted by the resident who lived there. They proudly showed the inspector around their home and spoke of how staff supported them to prepare their meals, maintain their living space and manage their cigarettes. This resident was very aware of the fire procedure and showed the inspector one of the fire exits that they would use to evacuate, if they needed to. They were preparing to head out with staff for the afternoon and had their own vehicle allocated to them to do so.

These residents led very active lifestyles and the quality of life that they experienced was largely as a result of the adequacy of the centre's transport and staffing arrangements. Where residents were identified as requiring a specific level of staff support to access the community and engage in activities of interest to them, the provider had ensured these staffing arrangements were available to them. Multiple vehicles were also available, which meant that residents could engage in activities and outings, independent of their peers, if they wished. Due consideration was also given to the individual preferences of each resident, with some preferring to spend recreational time in the comfort of their own home and adequate staff support was also available to these residents to allow them to do so. Personal goal setting was an important aspect of the care provided to these residents, with some residents being supported to develop skills around nature and others were learning how to prepare their own lunches. A key-worker system was in operation which supported the continuous review of residents' progression towards achieving these goals.

Staff working in this centre knew the residents well and were very confident in supporting them, particularly those with assessed communication needs. Throughout the course of this inspection, the inspector observed staff to communicate well with residents who had limited communication skills. These staff were able to interpret and understand what these residents wanted to say and were also very aware of the importance of giving these residents sufficient time to do so. Of the interactions observed by the inspector, staff were very pleasant with residents and supported them in a very kind and caring manner.

The findings of this inspection will be discussed in the next sections of this report.

Capacity and capability

Overall, the inspector found that this was a well-managed and well-run centre that ensured residents received a safe and good quality service. The provider was found to be in compliance with most of the regulations inspected against as part of this inspection, with some minor improvement required to aspects of health care.

The person in charge held a full-time position and she was regularly present at the centre to meet with residents and with her staff team. She had very good knowledge of the residents' needs and of the operational needs of the service delivered to them. She was supported by her staff team and line manager in the running and management of this centre. She had responsibility for another designated centre operated by this provider and current governance and management arrangements gave her the capacity to ensure that this centre was effectively managed.

The centre's staffing arrangement was subject to regular review, ensuring that a suitable number and skill-mix of staff were at all times on duty to support residents. In accordance with their assessed needs, the provider had identified times during the day, where some residents required additional staff support and arrangements

were put in place to ensure that a sufficient number of staff were rostered to provide this level of care to these residents. Also, in response to residents identified as possibly needing as-required health care interventions, the person in charge had ensured that a suitably qualified member of staff in this area of health care was at all times on duty. Adequate arrangements were in place, should this centre require additional staffing resources and the person in charge was very aware of how to access this, if required. The staffing arrangement in this centre placed much emphasis on ensuring continuity of care, with many staff having worked with these residents for quite some time. This had a positive impact for residents as it meant they were always cared for by staff who were familiar to them. Staff who met with the inspector knew the residents very well and were aware of their roles and responsibilities in supporting residents with their assessed needs. Effective training arrangements were also in place, ensuring staff had access to the training they required, in accordance with their role. In addition to this, each staff member was subject to regular supervision from their line manager.

The provider had ensured that this centre was adequately resourced in terms of equipment, staffing and transport. The person in charge held regular meetings with her staff team, which gave opportunity for specific discussions relating to resident specific care issues. The person in charge was also in frequent contact with her line manager to review any operational related matters. Weekly reports were prepared by the person in charge for senior management to review, which included an overview of areas such as, incidents occurring at the centre, staffing levels and budgetary overview. Where any actions were required on foot of these weekly reports, this was communicated in a timely manner to the person in charge to address. Monitoring systems to oversee the quality and safety of care in this centre included, six monthly provider-led visits and a number of internal audits were also regularly completed. Where improvements were identified, time bound action plans were put in place to address these.

Registration Regulation 5: Application for registration or renewal of registration

At the time of this inspection, the provider was preparing to submit an application to the Chief Inspector to renew the registration of this centre.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge held a full-time position and was regularly present at the centre. She had good knowledge of the residents' needs and of the operational needs of the service delivered to them. Current governance and management arrangements gave her the capacity to ensure that this centre was effectively

managed.
Judgment: Compliant
Regulation 15: Staffing
This centre's staffing arrangement was subject to regular review, ensuring a suitable number and skill-mix of staff were at all times available to meet the assessed needs of residents.
Judgment: Compliant
Regulation 16: Training and staff development
Systems were in place to ensure staff had access to the training they required, suitable to their role. In addition to this, each staff member was subject to regular supervision from their line manager.
Judgment: Compliant
Regulation 23: Governance and management
The provider had ensured suitable persons were appointed to manage and oversee the running of this centre. Regular meetings were held with staff and effective monitoring systems were in place to ensure the quality and safety of care was subject to regular review.
Judgment: Compliant
Regulation 3: Statement of purpose
There was a statement of purpose available at the centre which contained all information as required by Schedule 1 of the regulations.
Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge had ensured all incidents were reported to the Chief Inspector of Social Services, as required by the regulations.

Judgment: Compliant

Quality and safety

The provider had a number of effective arrangements in place to ensure residents received the care and support that they required, in accordance with their assessed needs.

The centre was situated in a rural setting, close to a town in Co. Laois and comprised of two separate buildings, located within very close proximity to each other. One building was occupied by five residents and the second, which was an apartment-like building, was occupied by one resident. In the main building, residents had their own bedroom, with most having their own en-suite, shared bathrooms, sitting rooms, kitchen and dining areas, laundry room and staff offices. These residents had a large front and rear garden area for them to use as they wished. The second building contained an open plan kitchen and living area, en-suite bedroom and staff toilet and bedroom. An enclosed garden area surrounded this apartment, containing a garden shed and seating area. Both buildings were very well-maintained, bright and spacious and provided residents with a homely living space.

The person in charge had robust systems in place to ensure residents' needs were re-assessed, as and when required. For example, in response to a recent fall at the centre, there was clear evidence demonstrating that this resident's mobility needs were re-assessed in a prompt manner and that appropriate measures were taken to maintain this resident's safety while mobilising. Personal plans were developed in accordance with residents' assessed needs and were available to guide staff on the level of support each resident required. A key-working system supported residents to identify and work towards personal goals and staff who met with the inspector, said that these were reviewed on a regular basis, which had a positive impact on ensuring residents received optimum support to attain the personal goals they had identified for themselves.

Where residents had assessed health care needs, the provider had ensured these residents received the care and support that they required. Staff who met the inspector spoke confidently of the health care needs of residents, particularly in the area of neurological care. The person in charge also spoke with the inspector about recent changes to a resident's nutritional status and of the care interventions that were now in place to support this resident. Although residents' health care needs

were well-known by staff and well-documented, some improvement was required to a protocol in place supporting the administration of emergency medicines, to ensure this protocol evidenced multi-disciplinary input.

The provider had fire safety precautions in place, including, fire detection and containment arrangements, internal and external emergency lighting, regular fire safety checks were completed by staff and all staff had received fire safety training. A waking staff member was available in the centre at night, which meant that should a fire occur, staff were available to quickly respond. Fire drills were regularly occurring and records demonstrated that staff could support residents to evacuate in a timely manner. Since the last inspection, the provider had revised the evacuation arrangements for one resident, ensuring that effective arrangements were now in place to support this resident to safely evacuate the centre, if required. There was a fire procedure available and following review of this by the inspector, it was identified that this document would benefit from additional review to ensure it gave additional clarity to staff on what to do, should a fire occur at the centre. This was brought to the attention of the person in charge, who made arrangements for the updating of this document by the close of the inspection.

The timely identification of risk in this centre was largely attributed to the centre's incident reporting system, weekly governance reports and regular presence of the person in charge at the centre. Where risk was identified, it was responded to in a timely manner and any additional measures to be implemented in response to identified risks, was quickly communicated to staff. Incident reports were reviewed very frequently by the person in charge and where trends in the type of incidents occurring were identified, she discussed these with her line manager to establish where further action may be required. The oversight of risk in this centre was also supported by weekly senior management meetings, which included a review of all incidents occurring in this centre.

Although in the months prior to this inspection, some residents had required isolation, at the time of this inspection, there were no suspected or confirmed cases of Covid-19 in this centre. Since the introduction of public health safety guidelines, the provider put a number of measures in place to protect the safety and welfare of residents. Regular temperature checking, appropriate use of PPE and good hand hygiene was regularly practiced. A purpose built doffing and donning station was available to staff and visitors at the rear of the centre, containing temperature checking equipment and hand hygiene facilities. Staff who met with the inspector spoke confidently of how they would respond, should a resident become symptomatic of Covid-19. Contingency plans were in place to guide on the response to an outbreak of infection and also in response to decreasing staffing levels, as a result of an outbreak. The person in charge also spoke at length with the inspector about the arrangements in place, should residents require isolation. Documents supporting these arrangements were reviewed as part of this inspection and although they were informative, it was identified that they would benefit from additional review to provide clarity on some aspects of the specific response that would be adopted in this centre, in the event of an outbreak. Both the person in charge and director of operations were putting plans in place by the close of this

inspection to complete a further review of these documents.

In response to previous peer to peer related incidents, a number of safeguarding measures were put in place to protect the safety and welfare of residents. Staff who met with the inspector were very aware of these measures and of their role in maintaining residents safe from all forms of abuse. The overall effectiveness of these measures were subject to regular review, which had resulted in no further incidents of this nature re-occurring to date.

Regulation 10: Communication

Where residents had assessed communication needs, the provider had ensured that these residents received the support they required to communicate their wishes.

Judgment: Compliant

Regulation 17: Premises

The centre comprised of two buildings and both were found to be clean, spacious, well-maintained and provided residents with a comfortable living environment.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place for the identification, response, assessment and monitoring of any identified risk in this centre.

Judgment: Compliant

Regulation 27: Protection against infection

Since the introduction of public health safety guidelines, the provider had put a number of measures in place to protect the safety and welfare of staff. Contingency plans were in place to guide staff on how to respond, should an outbreak of infection occur in this centre and also with regards to the response required, should the centre experience decreased staffing levels, on foot of an outbreak.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had fire safety precautions in place, including, fire detection and containment arrangements, clear fire exits, regular fire safety checks and emergency lighting systems. Regular fire drills were also occurring and records demonstrated that staff could support residents to evacuate the centre in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Clear systems were in place to ensure residents' needs were regularly re-assessed and that personal plans were put in place to guide staff on the support residents required with their assessed needs.

Judgment: Compliant

Regulation 6: Health care

Where residents had assessed health care needs, the provider had ensured these residents received the care and support they required. However, improvement was required to a protocol in place for the administration of emergency medicines, to ensure this protocol demonstrated multi-disciplinary input.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Where residents required behavioural support, the provider had ensured suitable arrangements were in place to guide staff on how best to support these residents. Some restrictive practices were also in use and systems were in place to ensure that these were subject to regular multi-disciplinary review.

Judgment: Compliant

Regulation 8: Protection

The provider had ensured systems were in place for the identification, response and monitoring of any concerns relating to the safety and welfare of residents. There were some safeguarding plans in place at the time of this inspection and the continued effectiveness of these plans were subject to regular review.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were very much promoted and much consideration was given to the operations of this centre to ensure it was ran in accordance with residents' assessed needs, preferences and wishes. Staff held regular meetings with residents, which afforded residents an opportunity to be involved in the running of their home.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	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	Substantially 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-0027701

Date of inspection: 08/02/2022

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 6: Health care	Substantially Compliant
Outline how you are going to come into compliance with Regulation 6: Health care: 1. The ‘Epilepsy Management Plan’ has been signed by the relevant members of the multi-disciplinary team who developed this protocol to evidence that same is officially approved. 2. The Person in Charge (PIC) shall oversee the implementation of the ‘Epilepsy Management Plan’ and ensures it is subject to regular review and will be discussed with team members at the next monthly team meeting held on 28/02/2002.	

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 06(1)	The registered provider shall provide appropriate health care for each resident, having regard to that resident's personal plan.	Substantially Compliant	Yellow	01/03/2022