Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Rockfield
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Wicklow
Type of inspection:	Unannounced
Date of inspection:	04 January 2024
Centre ID:	OSV-0008365
Fieldwork ID:	MON-0038607

About the designated centre

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

Rockfield is a designated centre operated by Nua Healthcare Services Ltd. Rockfield is a bungalow situated on a large site surrounded by mature trees in a rural location in Co. Wicklow. The designated centre provides 24-hour care for up to three young people between 12 and 18 years of age who have a diagnosis of intellectual disability, and/or autism. The centre is divided into three individualised apartments and it has a number of communal areas such as a kitchen come dining room, a utility and laundry room, a staff office, and a sitting room. Each apartment has its own self-contained garden and there is also a large garden space to the back of the property. Residents have access to transport driven by staff to support them to access school and activities they enjoy and are supported by a staff team consisting of a person in charge, team leader, deputy team leaders, assistant support workers, and a panel of relief staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3

How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 4 January 2024	09:00hrs to 17:10hrs	Kieran McCullagh	Lead

What residents told us and what inspectors observed

This report outlines the findings of an unannounced inspection of this designated centre. The inspection was carried out to assess the ongoing compliance with the regulations and was facilitated by the person in charge and deputy team leader. The centre is home to three young people and the inspector had the opportunity to meet with each of them and observe interactions in their home during the course of the inspection.

Upon the inspector's arrival, they were greeted by the deputy team leader, and brought on a walk-around of the centre. The centre is comprised of one large ground floor building, which contains three self-contained apartments, a communal sitting room, a kitchen-dining area, a utility room, a staff office and toilet. Each apartment contained a large spacious bedroom with en-suite, small kitchen/dining area and a space where the young people could relax, watch television and engage in a variety of activities of their choosing.

The young peoples' apartments were laid out in a way that was personal to them and included items that were of interest to them. For example, apartments included games consoles, posters, toys, games, televisions and tablet computers that were in line with the young peoples' preferences and interests. This promoted their independence and dignity, and recognised their individuality and personal preferences.

During the walk-around the inspector was introduced to each young person, who was relaxing in their own apartment. Each of them used different means to communicate, such as verbal communication, vocalisations and gestures. The inspector endeavoured to gather an impression of what it was like to live in the centre, through observations, discussions with the young people, team of staff and management, monitoring care practices and reviewing documentation.

Two young people indicated to the inspector that they were very happy living in the centre and staff spoke about the plans they had made for the day as chosen by the young people with staff support, which included going swimming and going out for a drive. Both young people were supported to engage in meaningful activities on an individual basis. Warm interactions between the young people and staff members caring for them were observed throughout the duration of the inspection.

Another young person spoke to the inspector and told them they "loved living here". They spoke about how nice the staff were and how they felt safe living in their home. They told the inspector about the Christmas presents they had received and that they really enjoyed playing on their games console and virtual reality headset. From speaking with all young people, it was evident that they felt very much at home in the centre, and were able to live their lives and pursue their interests as they chose.

The premises were observed to be clean, tidy, welcoming and in good structural and decorative condition. To the rear of the centre; was a well-maintained garden area and to the front, there was space for parking the centre's transport vehicles. The inspector observed that the entrance and exit points were accessible and kept clear and uncluttered.

On speaking with different staff throughout the day, the inspector found that they were very knowledgeable of the young people's needs and the supports in place to meet those needs. Staff were aware of each of the young people's likes and dislikes. The inspector observed that the young people appeared relaxed and happy in the company of staff and that staff were respectful towards the young people through positive and caring interactions.

The person in charge and staff spoken with described the quality and safety of the service provided in the centre as being very good and personalised to the young people's individual needs and wishes. They spoke about the high standard of care all of the young people receive and had no concerns in relation to the wellbeing of any of the young people living in the centre.

From what the inspector was told and observed during the inspection, it was clear that the young people had active and rich lives, and received a good quality service. The service was operated through a human rights-based approach to care and support, and young people were being supported to live their lives in a manner that was in line with their needs, wishes and personal preferences.

The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided.

The inspector observed that the care and support provided to the young people was person-centred and the provider and person in charge were endeavouring to promote an inclusive environment where each of the young people's needs and wishes were taken into account.

There was a clearly defined management structure in place and staff were aware of their roles and responsibilities in relation to the day-to-day running of the centre. The service was led by a capable person in charge, supported by a staff team and Director of Operations, who were knowledgeable about the support needs of the

young people, and this was demonstrated through safe and good-quality care and support.

The registered provider had implemented management systems to monitor the quality and safety of service provided to young people and the governance and management systems in place were found to operate to a good standard in this centre. A six-monthly unannounced visit of the centre had taken place in November 2023 to review the quality and safety of care and support provided to the young people. Subsequently, there was an action plan put in place to address any concerns regarding the standard of care and support provided. In addition, the provider had completed an annual report of the quality and safety of care and support in the designated centre in December 2023. However, improvements were required in order to demonstrate that the young people's families and representatives were consulted about the review.

The staff skill-mix and complement was appropriate to the assessed needs of the young people for the delivery of safe care. The person in charge maintained planned and actual staff rosters. The inspector viewed a sample of the recent rosters, and found that they showed the names of staff working in the centre during the day and night. Staff spoken with throughout the duration of the inspection were knowledgeable in relation to the needs of the young people and were clear on the key policies and procedures within the centre.

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of quality, safe and effective services for the residents. The person in charge (with support from the deputy team leads) ensured that staff were provided with support and formal supervision. However, improvements were required to ensure staff were in receipt of supervision as per the provider's policy. In addition, supervision contracts with staff were not in place on the day of the inspection, which required review by the provider.

There were relevant policies and procedures in place in the centre which were an important part of the governance and management systems to ensure safe and effective care was provided to young people including, guiding staff in delivering safe and appropriate care.

The provider had ensured that each young person had a contract of care prior to moving in to the service. These contracts clearly outlined fees to be paid, the support, care and welfare of the young person in the designated centre and details of the services to be provided for them. All contracts were signed by the young person's family or representative.

The provider had suitable arrangements in place for the management of complaints and an accessible complaints procedure was available for young people in a prominent place in the centre.

Regulation 15: Staffing

The registered provider had ensured the skill-mix and staffing levels allocated to the centre were in accordance with the young peoples' current assessed needs.

There were six staff members on duty during the day, and six staff at night-time, all in a waking capacity. The inspector met with members of the staff team over the course of the day and found that they were familiar with the young people and their likes, dislikes and preferences.

There was a planned and actual roster maintained that reflected the staffing arrangements in the centre, including staff on duty during both day and night shifts.

Judgment: Compliant

Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained.

All staff had completed mandatory training including fire safety, safeguarding and positive behaviour support.

However, supervision records reviewed were not in line with organisation policy. The inspector found that some staff had not received two supervision meetings during the year, as per the provider policy. In addition, supervision contracts with staff were not in place on the day of the inspection. This required review by the provider.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined governance structure which identified the lines of authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all the young people.

It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management

presence within the centre. The staff team was led by an appropriately qualified and experienced person in charge.

The provider also had systems in place to monitor and audit the service as required by the regulations. An annual review of the quality and safety of care had been completed for 2023 and; an unannounced visit to the centre, which takes place very six months, had been carried out in November 2023. However, there was no written evidence to document consultation with family members or young people's representatives in the annual review. This required review by the provider.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

There were contracts of care in place for all young people which clearly outlined fees to be paid and were signed by the young person's family or representative.

The contract of care also outlined the support, care and welfare of the young person in the designated centre and details of the services to be provided for them.

These supports were in line with the young person’s assessed needs and the statement of purpose.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure that was in an accessible and appropriate format which included access to an advocate when making a complaint or raising a concern; there were easy-to-read information posters displayed in communal areas of the designated centre which included a photograph and details of the complaints officer.

There were no active complaints on the day of inspection.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had ensured policies and procedures on matters set out in Schedule 5 had been implemented. The inspector reviewed the policies during the

course of this inspection. The provider ensured that policies and procedures had been reviewed at intervals not exceeding three years as per the Care And Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities Regulations 2013.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of the service for the residents who lived in the designated centre.

Overall, the findings of this inspection were that young people reported that they were happy and felt safe living in the centre. They were making choices and decisions about how, and where they spent their time. It was apparent to the inspector that each young person's quality of life and overall safety of care in the centre was prioritised and managed in a person-centred manner.

The inspector found that the young peoples' wellbeing and welfare was maintained by a good standard of evidence-based care and support. They observed the young people to have active lives and to participate in a wide range of activities within the community and the centre.

The inspector completed a walk-through of the centre with the deputy team leader. The designated centre was found to be bright and spacious. It was clean and well-maintained. Each young person had their own self-contained apartment, which was decorated to their individual taste and preference. All areas of the premises were accessible to the young people and suitable for their assessed needs.

The young people's needs were assessed on an ongoing basis and there were measures in place to ensure that their needs were identified and adequately met. Support plans included; positive behaviour support, personal hygiene, safety and general health-care plans. It was also found that young people were supported by staff in line with their will and preferences, and there was a person-centred approach to care and support. They were also supported to maintain relationships meaningful to them, for example, with their families. Young people spoken with were happy with their home, and the inspector found that the service provided to them was safe and of a good quality.

There were systems in place to manage and mitigate risk and keep young people safe in the centre. There was an up-to-date policy on risk management available and each young person had a number of individual risk assessments on file so as to support their overall safety and wellbeing. There was evidence to demonstrate the risk management policy's implementation in the centre from a review of the risk register and individual risk management plans.

The provider had arrangements in place to control the risk of fire in the designated centre. These included arrangements to detect, contain, extinguish and evacuate the premises should a fire occur. The fire register was reviewed and the inspector found that fire drills were taking place on a regular basis. Young people had personal emergency evacuation plans in place which identified a personal evacuation plan for day and night and all staff had fire training.

On review of a sample of young people's medical records, the inspector found that medications were administered as prescribed. Medication was reviewed at regular specified intervals as documented in their personal plans and the practice relating to the ordering, receipt, prescribing, storing, disposal, and administration of medicines was appropriate.

The provider had ensured that where young people required behavioural support, suitable arrangements were in place to provide them with this. Staff had also completed training in positive behaviour support to support them in responding to behaviours of concern. Most restrictive practices in the centre were logged and reported, however through discussion with the person in charge, it was identified that there was an additional restrictive practice in the centre, which had not been logged as such by the provider or notified to the Chief Inspector of Social Services. For example, there was a keypad lock in place on the staff office. The person in charge agreed that in line with current best practice, this should be logged as a restrictive practice.

In summary, young people in this designated centre were provided with a good quality and safe service, where their rights were respected. There were good governance and management arrangements in the centre which led to improved outcomes for the young people's quality of life and the care provided to them.

Regulation 17: Premises

The premises were laid out to meet the assessed needs of the young people. Each young person had their own bedroom which was decorated to their individual style and preference.

Young people had access to facilities which were maintained in good working order. There were well maintained gardens to the rear of the property and adequate private parking was available to the front of the centre.

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had suitable systems in place for the assessment, management and ongoing review of risk including a system for responding to emergencies.

There was a risk management policy in place which included all the requirements of the regulations. Arrangements were also in place for identifying, recording, investigating and learning from incidents, and there were systems for responding to emergencies.

Risk assessments and management plans were in place for all identified risks in the designated centre. There was particular emphasis on managing risks that were individual to each young person. These risk assessments were found to be comprehensive and they were reviewed on a regular basis.

Judgment: Compliant

Regulation 28: Fire precautions

The centre had appropriate and suitable fire management systems in place which included containment measures, fire and smoke detection systems, emergency lighting and fire-fighting equipment.

These were all subject to regular checks and servicing with a fire specialist company and servicing records maintained in the centre.

All young people had personal emergency evacuation plans in place and fire drills were being completed by staff and young people regularly, which simulated both day and night time conditions.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The person in charge had ensured safe and suitable practices were in place relating to medicine management. There were systems in place for the ordering, receipt, prescribing and administration of medicines.

The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medications were administered as prescribed. Staff spoken with were knowledgeable on medicine management procedures, and on the reasons medicines were prescribed. Records of

medications administered were comprehensively maintained and were available for the inspector to review.

There was a clear reporting structure for the reporting of medication errors. Staff were informed of the procedure to be followed in the event of a medication error occurring.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Each young person had a comprehensive assessment of needs and a personal plan in place. From the sample reviewed, assessments clearly identified their care and support needs. Assessments and plans were regularly reviewed and updated with any changes in need. These assessments were used to inform plans of care, and there were arrangements in place to carry out reviews of effectiveness. Multidisciplinary professionals were involved as appropriate in creating support plans.

Each young person had an accessible person-centred plan with their goals and aspirations for 2024, which included the actions required to achieve them. Young people were supported to set goals that were meaningful for them. For example, one young person had set a goal of engaging with support of staff to keep their apartment clean and another young person had set a goal of picking out their own choice of clothing independently.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had ensured that where young people required behavioural support, suitable arrangements were in place to provide them with this. The inspector reviewed one young person's multi-element positive behaviour support plan and found that it clearly documented both proactive and reactive strategies. In addition, the plan detailed precursor behaviours, triggers and setting events, to aid staff in how to best support the young person.

There was a restrictive practice committee in place within the organisation which authorised and regularly reviewed any restrictive practices in the centre. There were a number of restrictive practices in the centre, which had been assessed and logged as such. However, not all restrictive practices utilised in the centre had been reported to the Chief Inspector on a quarterly basis, as required. For example, there was a keypad lock in place on the staff office. It had not been recognised or

assessed as a restrictive practice. There was no associated risk assessment in place as set out in the provider's policy on the Use of Restrictive Procedures. A review of the restrictive practices was required to ensure that all restrictive practices were logged and risk assessed in line with the provider's policy.
Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant

Compliance Plan for Rockfield OSV-0008365

Inspection ID: MON-0038607

Date of inspection: 04/01/2024

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: 1. The Person in Charge (PIC) shall ensure that all Team Members supervision contracts are updated and completed in line with the Centre's Policy and Procedure on Supervision [PL-Ops-017]. Completed: 18 January 2024 2. Where supervision has been identified as outstanding with specific Team Members, the PIC shall ensure that supervision is completed with them in line with the Centre's Policy and Procedure on Supervision [PL-Ops-017]. Completed: 29 January 2024 3. To identify when Team Members supervisions are due in 2024, the PIC shall ensure a yearly schedule of Team Members supervision is developed and in place in the Centre and is monitored by the Centre Management. Due Date: 14 February 2024 4. To ensure Team Members are aware of the Centre's Policy and Procedure on Supervision [PL-Ops-017] and are informed of the yearly supervision schedule in place, the PIC shall ensure the supervision Policy, supervision schedule and above points are discussed the next monthly Team Meeting. Due Date: 29 February 2023	
Regulation 23: Governance and management	Substantially Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management: 1. The Person in Charge (PIC) will review the Centre Annual Review Report for 2023 which to ensure the standard of the report will include evidence of consultation with Individuals and their representatives. Completed: 16 January 2024 2. To inform Individuals of the Centre's updated Annual Review Report for 2023, the PIC shall ensure Key working session are held with the Individuals, where required and in line with their communicative needs. Completed: 16 January 2024	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: 1. The Director of Operations (DOO) shall review the Centre's Policy and Procedure on Restrictive Procedures [PL-C-005] and update the policy where required regarding restrictive practices relating to locked doors. Completed: 22 January 2024 2. To ensure the Centre's is in line with the updated Policy and Procedure on Restrictive Procedures [PL-C-005], the Person in Charge (PIC) will conduct a full review of all Individuals Risk Assessments and Risk Management Plans and where required, update documents reflective of the updated policy and Centre's restrictive practice register. Due Date: 14 February 2024 3. To ensure Team Members are aware of the Centre's Policy and Procedure on Restrictive Procedures [PL-OPS-005], and its updates, the PIC shall ensure that where required, the Centre's Policy, Restrictive Practice Register and Individual Risk Management Plans are discussed the next monthly Team Meeting. Due Date: 29 February 2023	

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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	29/02/2024
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	16/01/2024
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	29/02/2024