

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

Issued by the Chief Inspector

Name of designated centre:	Loch Lee
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Cavan
Type of inspection:	Announced
Date of inspection:	27 August 2024
Centre ID:	OSV-0008732
Fieldwork ID:	MON-0042866

About the designated centre

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

This is a service providing full-time residential care and support to four adults with disabilities. It consists of a large two-storey house, which has been laid out as three self-contained apartments, and one en-suite bedroom, together with a spacious living room, a kitchen/dining room and a utility room. There are spacious well maintained grounds surrounding the centre with adequate private car parking space to the front and rear of the building. The centre is staffed on a 24/7 basis with a full time person in charge, two team leaders ,and a team of social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Tuesday 27 August 2024	11:00hrs to 18:00hrs	Julie Pryce	Lead

What residents told us and what inspectors observed

This was the first inspection of this designated centre since residents moved in, and was conducted to ensure on-going compliance with regulations and standards.

The centre is made up of a two-storey house, and upstairs are two self-contained apartments. Downstairs is another self-contained apartment and a bedroom with en-suite facilities. There are also communal areas, both inside and outside.

Outside is a spacious garden area, with various pieces of garden furniture and leisure items, included an adult sized trampoline for residents to use.

One of the residents has an enclosed garden with direct access for their sole use, so that they can safely access the outside area independently and safely.

There were four residents living in the centre on the day of the inspection, however two of them chose not to speak to the inspector, and another only had a brief interaction with the inspector. The inspector, where possible, observed the daily life in the centre, however, the presentation of one of the residents meant that only a brief introduction was possible that day.

One of the residents accepted a visit from the inspector to their apartment. They told the inspector that they were happy in the centre, and that they knew who to go to if they were not happy, or if they didn't feel safe. They spoke about some areas of interest to them. The inspector saw that their apartment was laid out and decorated in accordance with their preferences, and that they seemed to be comfortable there.

Another resident was going about their daily activities in the kitchen with the support of staff members, and although they did not interact with the inspector, they were clearly comfortable with their staff member, and they were making a cup of tea and a snack together.

The inspector observed another of the resident's very enthusiastically on their way out for an activity with another staff member, and they were completely focused on this, and evidently looking forward to it.

A review of the daily notes of the residents and discussion with the staff and person in charge indicated that there were multiple activities available to residents, and that there was an emphasis on supporting each person to make their own choices.

Staff could describe their role in upholding the rights of residents, and the importance of supporting them to make their own decisions and choices, they spoke about the ways in which residents might communicate their preferences, including particular vocalisations or gestures. They mentioned aids that they were utilising to support residents' communications, for example they had sourced an app whereby

the resident could use pictures to initiate conversations.

They spoke about various ways that they would assist residents to learn new skills, for example a YouTube video about teeth brushing had been used to assist one of the resident's with personal care. Staff mentioned that residents had the same rights as everyone else.

Overall, the service in this designated centre was effectively managed, and residents were supported to have a comfortable and meaningful life and to have their needs met.

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

Capacity and capability

There was a well-defined management structure with clear lines of accountability. Various monitoring strategies were in place, for example the first six-monthly unannounced visit on behalf of the provider had taken place, and required actions identified in this process had been completed.

There was a consistent and competent staff team, and effective communication strategies between staff members, and between staff and management were in place. Regular staff meetings were held, at which various areas of care provision were discussed. There was also a formal handover at each shift change, Staff training was up-to-date, and staff were appropriately supervised.

There was a clear and transparent complaints procedure, and although there were no current complaints, the process was readily available to residents and their representatives.

Regulation 14: Persons in charge

The person in charge was appropriately qualified and experienced, and had good oversight of the designated centre. He was knowledgeable about the support needs of residents, and about his role in relation to the regulations.

Judgment: Compliant

Regulation 15: Staffing

The numbers and skill mix of staff was appropriate to meet the needs of residents. A planned and actual staffing roster was maintained as required by the regulations. There were sufficient numbers to support residents on a one-to-one basis, or in some cases, two-to-one. The staff team was consistent since the opening of the centre.

Three staff files were reviewed by the inspector, and each included the required information although some improvements were required in the detail of employment history as discussed under regulation 21.

The inspector spoke to four staff members throughout the inspection, and found them all to be knowledgeable about the support needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

All staff training was up-to-date and included training in safeguarding, behaviour support and the safe administration of medication. Additional training had been provided to staff in relation to the specific support needs of residents, for example in the management of autism. On-site training had been provided by member of the MDT in relation to the specific support needs of residents, for example both the behaviour specialist and the occupational therapist had provided training to staff.

A three day centre-specific training package had been developed, and had been rolled out to some of the staff team, with a plan in place to ensure that it was delivered to all staff. In addition the person in charge and the shift leaders conducted 'on-the-floor' mentoring, concentrating on specific areas each time.

The first supervision conversation had been held with each staff member, and the inspector reviewed the records of three of these discussions and found they included positive feedback to staff as well as required actions, and that staff members had the opportunity to give any feedback.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships. The staff team was led by an

appropriately skilled and experienced person in charge.

The first six monthly visit on behalf of the provider had been conducted and the report of this visit was detailed, and covered all aspects of care and support in the centre. Areas for improvement were identified, and any required actions were monitored via a weekly report which included actions identified in all the monitoring processes, including audits, that were in place. Those required actions reviewed by the inspector had all been completed within their identified timeframes.

Staff meetings were held, and records of the discussions were maintained. The inspector reviewed the minutes of the last two meetings and found that the discussions were meaningful and pertinent to the needs of residents. The meetings were regularly attended by members of the multi-disciplinary team (MDT), for example the behaviour specialist had attended two recent meetings, and the register nurse had attended to give an update on medication management. Communication with the staff team was further supported by a formal handover at each shift change, so that all current information was made available to them.

There was clear oversight of any accidents and incidents. The inspector reviewed the reports of three recent incidents and found the reports to be detailed and to include any actions required to mitigate the risk. The accidents and incidents were discussed at the following team meeting, and were included in the daily handover for the seven days following the incident.

There was a system of shared learning between the designated centres operated by the provider, which included identified areas for improvement found in any of the designated centres, and actions required to prevent recurrence. The required actions were monitored until completion.

Overall the monitoring and oversight in the designated centre was effective, and ensured a safe and person centred service.

Judgment: Compliant

Regulation 31: Notification of incidents

All the required notifications had been submitted to HIQA as required.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure available to residents and their friends and families. The procedure had been made available in an easy read version. Whilst

there had been no complaints, a complaints log had been prepared whereby the complaint would be recorded together with the actions taken, and a record of whether the complainant was satisfied with the outcome.

Judgment: Compliant

Regulation 21: Records

All required records required by the regulations under Schedule 2 in relation to staff were all in place, including Garda vetting and references, however, while there was an employment history included in the records, the inspector found gaps in this history in one of the files checked.

All required records required by the regulations under Schedule 3 in relation to information in respect of each resident was in place including personal information, including the required care and support of residents, the information in relation to healthcare, and a record of any belongings of the residents.

All required records required by the regulations under Schedule 4 had been developed including a Statement of Purpose and Function and a Residents' Guide. The Residents' Guide had been submitted to HIQA as part of the registration process, but was not present in the centre and had not been made available to residents.

Judgment: Substantially compliant

Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met.

There was an effective personal planning system in place, and residents were supported to have a meaningful day and to make their own decisions about their daily lives.

Where restrictive practices were required to ensure the safety of residents, they were the least restrictive necessary to manage the risk. Residents had good access to positive behaviour support, and staff were knowledgeable about their roles.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, and it was evident that the residents could be evacuated in a timely manner in the event of an emergency.

There were risk management strategies in place, and all identified risks had effective management plans in place, and staff were aware of the guidance in the risk management plans.

The rights of the residents were well supported, and given high priority in the designated centre.

Regulation 17: Premises

The premises were appropriate to meet the assessed needs of residents, and provided both personal and communal spaces for residents. There were three self-contained apartments and one bedroom with en-suite facilities, as well as the main large living room and kitchen/dining room. There was a spacious outside garden area for the use of residents.

The premises were well maintained. All the items in Schedule 6 of the regulations were provided for.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a current risk management policy which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to residents.

The risk register for each individual resident included risk assessments and risk management plans for each of the identified risks, including the risks relating to activities and to the behaviour of residents. The inspector reviewed the individual risk management plans of two of the residents and found them to be very long and detailed documents, which included guidance to staff in relation to mitigating each risk.

Local and environmental risks identified included the risks associated with new admissions, with fire safety and any aggressive behaviours. Where a risk had been identified in relation to medication management, control measures were put in place, including additional stock checks, the use of a staff medication bib for use during medication administration, and weekly reviews of medication management by the registered nurse.

The inspector was assured that control measures were in place to mitigate any identified risks in the designated centre.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had put in place structures and processes to ensure fire safety. There were self-closing fire doors throughout the centre and all equipment had been maintained.

Regular fire drills had been undertaken, both on a quarterly basis, and on the admission of each resident. Fire drills had been undertaken at various times of the day, including at night time. Any learning from the fire drills had been identified, for example there had been a short delay during a fire drill whereby a resident had insisted on returning to his room for his shoes. It had therefore been decided that a pair of shoes would be kept at all times by the door, so that in the event of an emergency, the resident could be accommodated without returning to their room.

However, while there was a personal emergency evacuation plan in place for each resident, giving clear guidance to staff as to how to support each resident to evacuate, this detail about the shoes had not been included. This was rectified during the course of the inspection and the person in charge ensured that all staff members on duty were aware of the strategy.

Staff were all in receipt of fire safety training, including on-site training in the use of emergency equipment, and staff could describe the actions they would take in the event of an emergency, including the requirement to have shoes available for the resident mentioned above. One of the residents also told the inspector what they would do if the fire alarm went off.

The information presented indicated that residents were protected from the risks associated with fire, and that they could be evacuated in a timely manner in the event of an emergency.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

There were personal plans in place for each resident, each based on an assessment of need. The assessments included information about each resident's preferences and abilities, their ways of communications, for example, their mannerisms and environmental preferences.

The personal plans included sections relating to healthcare, increasing independence engagement in events such as appointments. There was a specific plan in place for one resident, who was so far unable to co-operate with having medical observations

taken. One of the healthcare plans related to constipation, and the plan gave detailed guidance for staff. The inspector observed the implementation of this plan during the course of the inspection.

In addition each resident had a person centred plan (PCP), which related to their daily activities and plans. There was a record maintained in these plans about how residents engaged in their activities, and whether they appeared to enjoy them.

However, the plans had not been made available to residents in an accessible version. There were some photographs of residents engaging in favourite activities, but there was no accessible information to assist residents in working towards their goals.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

All staff had received training in positive behaviour support, including on-site training provided by the behaviour specialist. New staff were required to have completed training in restrictive interventions prior to commencement in the designated centre. The use of these interventions was then practiced by the staff team three times each week.

Where there were restrictions in place to safeguard residents, there was a 'restrictions' passport which outlined all the strategies, and each of them was kept under regular review. The inspector reviewed two reduction plans that were in place to ensure that any restrictions were the least restrictive to manage the identified risk.

One of the residents had a positive behaviour support plan in place, and this was a detailed plan, which included a description of any behaviours of concern, together with information about the function of the behaviour. There was clear guidance for staff both in the ways in which to reduce the likelihood of behaviours of concern, and as to the best way to manage any incidents.

There was a detailed plan in place in relation to the management of incidents between two siblings who live in the centre, whilst also maintaining the relationship between them.

Behaviour support for residents also included skills building, and residents were developing skills in areas such as personal care, care of the home and cooking their own meals or snacks.

Judgment: Compliant

Regulation 8: Protection

There was a clear safeguarding policy, and all staff were aware of the content of this policy, and knew their responsibilities in relation to safeguarding residents. Staff were in receipt of up-to-date training in safeguarding, and could discuss the learning from this training.

Where safeguarding issues had been identified there were clear and detailed safeguarding plans in place which outlined the measures to be taken to mitigate any risks to residents. These plans included easy-read information and pictures for residents. There was a centre specific safeguarding plan which included information about any incidents, and the actions staff should take to avoid a recurrence, or to manage any further incidents. It also included information for staff in relation to all areas of the protection of vulnerable adults.

Any incidents were recorded and reported appropriately, and all the required notifications had been submitted to HIQA. The provider had put in place structures and processes to ensure that residents were safeguarded.

Judgment: Compliant

Regulation 9: Residents' rights

Staff had all received training in human rights. Staff could discuss their role in supporting residents in making their own decisions, and were familiar with the principles of human rights. They gave examples of supporting residents to have their rights upheld. For example, one of the residents was being supported to access social outlets in the community, which had not been available to them prior to their admission to this centre.

Staff were aware of the importance of increasing opportunities for residents, and of supporting them to learn new skills. One of the residents was working through steps towards being able to tolerate wearing shoes and socks, beginning with introducing them to wearing sliders.

Residents were choosing their own activities and schedules, and were being supported to maintain their independence and also to experience new activities that might be of interest to them. Throughout the inspection it was clear that care and support was offered to residents in a caring and respectful way, and that the rights of residents were supported.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 21: Records	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Loch Lee OSV-0008732

Inspection ID: MON-0042866

Date of inspection: 27/08/2024

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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: 1) Recruitment Department Manager to discuss learnings with all recruiters at Team Meeting and monitor compliance with schedule 2 requirements. 2) HR Department to complete a review of Team Member files in Loch Lee to ensure their full compliance with schedule 2 requirements. 3) HR manager to discuss learnings with HR Team to ensure Schedule 2 audits capture any non-compliances going forward and monitor compliance with same. 4) Key workers will complete Key working sessions with all Individuals on the Resident's Guide and documented to reflect their views on same. PIC will monitor completion of same to ensure it is readily available.	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: 1) The Person in Charge (PIC) shall complete a full review of Individuals accessible version of Personal Plans ensuring that all assessed needs and goals are reflected within.	

2) Following the review of accessible versions of personal plans, each Resident's Individuals key worker will complete a key working session with them on the updates made and whether any feedback is to be incorporated into the plan.

3) The amendments to documentation will be discussed by the PIC at the October team meeting ensuring all Team members are aware of same.

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 21(1)(a)	The registered provider shall ensure that records of the information and documents in relation to staff specified in Schedule 2 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	25/10/2024
Regulation 21(1)(c)	The registered provider shall ensure that the additional records specified in Schedule 4 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	25/10/2024
Regulation 05(5)	The person in charge shall make the personal plan available, in an accessible format, to the resident and, where appropriate, his or her representative.	Substantially Compliant	Yellow	25/10/2024

