

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

Issued by the Chief Inspector

Name of designated centre:	Arden
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Carlow
Type of inspection:	Short Notice Announced
Date of inspection:	03 September 2024
Centre ID:	OSV-0008737
Fieldwork ID:	MON-0043032

About the designated centre

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

This designated centre is located in a rural setting in Co. Carlow. The centre is registered for a maximum of four adults both male and female over the age of 18 years. The property is a large two storey house which has been reconfigured into four self-contained apartments while still maintaining a communal living room, kitchen-dining room and utility area. Each apartment has an en-suite bedroom and open plan sitting-dining-kitchenette area. All residents have access to outside garden areas.

Services are provided in this centre to support residents with a wide range of support needs including intellectual disability and autism spectrum disorder (ASD). Individual supports are provided in accordance with pre-admission assessments and continuous multi-disciplinary review. Day-to-day care is delivered by a team of social care workers and assistant support workers. The statement of purposes states that individual goals are outlined and aimed at enabling residents to live their lives to the full; and that these are reviewed annually with all stakeholders; and monthly between residents and key workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 3 September 2024	09:00hrs to 17:30hrs	Sarah Mockler	Lead
Tuesday 3 September 2024	09:00hrs to 17:30hrs	Tanya Brady	Support

What residents told us and what inspectors observed

This was the first inspection of this centre. The centre was registered in February 2024. The inspection was short notice announced to the provider the day prior to the inspection. Two inspectors completed the inspection across a one day period. Overall, the inspectors found that the residents who had moved into the centre were in receipt of care in line with their specific assessed needs. The provider had measures in place to keep all residents safe and were striving to ensure good quality care and support. All Regulations reviewed as part of this first inspection were found to be compliant.

This centre is registered for a maximum of four residents and was at full capacity on the day of inspection. The inspectors had the opportunity to meet all four residents, speak to members of the staff team, person in charge and the director of operations for the centre. In addition to speaking with residents and staff, the inspectors completed a walk around of the premises and reviewed pertinent documentation in relation to residents' care and support needs.

This premises comprises a large detached house set in extensive grounds in a rural setting in Co. Carlow. The property has been divided internally to create four self-contained apartments for residents with some communal rooms such as a kitchen-dining room and living room neither of which are currently used by residents. All apartments could only be accessed and exited by using a key-pad code. No resident had access to the codes and they all depended on staff to enter and exit their apartments.

On arrival to the centre two residents were in bed and so inspectors did not meet with them until later in the day. The other two residents indicated they were happy for inspectors to visit their apartments and inspectors met them in the morning.

Both inspectors visited the first apartment. The resident was sitting on the couch watching television. The resident mainly used non-verbal means to communicate their immediate needs and preferences. Although they seemed happy to have the inspectors enter the apartment they did not engage with them. Two staff were present in the resident's apartment at this time. The resident had access to an open plan kitchenette-living-dining area and a separate en-suite bedroom. In the open plan areas some efforts had been made to personalise the area with photographs displayed on the wall. The kitchenette had a fridge, microwave, sink and hot water dispenser present. There were snacks and drinks available to the resident. There was a large whiteboard in the resident's open plan area with plans for the day. The resident was going for a walk and visiting a sensory room in the provider's main office on the day of inspection. The resident engaged in a specific physical behaviour to self-regulate and some modifications to the environment, such as padding, were in place to keep the resident safe. The resident's bedroom was clean and well maintained. Further efforts were required to ensure this space was personalised. There was a door to the back garden off the bedroom. Again this

could only be opened with a key-pad code.

The inspectors visited the second resident in their apartment. The resident also used non-verbal means to communicate and did not interact with the inspectors directly other than by making brief eye contact when spoken with. The resident's apartment was very stark and bare in presentation. There was minimal furniture, no clothes, no food, utensils, or other items present in any part of the apartment. The person in charge explained to the inspectors that this was the resident's preference and there was a plan in place to introduce items into the apartment. They had successfully been able to leave two small items in the apartment recently and they were present on a shelf in the kitchen. The resident was observed to leave the centre on two occasions with staff support on the day of inspection. This was a positive achievement for the resident as they had been reluctant to leave their home when they initially transitioned in to live here.

The other two residents that lived in the centre were happy to meet with the inspectors and have a short discussion about the care and support they were receiving. One resident expressed that they did want to speak about something to the inspectors but seemed reluctant to express what they wanted to say. Another resident expressed that they 'want to get out of here'. This resident spoke with one of the inspectors in the communal kitchen and also expressed his views on the service. The local management team present were aware of the residents concerns and both had extensive multidisciplinary team input (MDT) to ensure their needs were being met. Inspectors were provided with assurances by the director of operations that the concerns expressed by residents would be followed up and further explored with them.

These residents apartments had a similar layout to the previous two apartments described above. Some residents had limited access to certain items in their apartment due to an increase in behaviors of concern and subsequent engagement in property damage, whereas the other apartments had more personal items on display.

All residents in the centre were receiving a wrap around service and no resident was currently attending day service. Some residents had limited access to their community and this was due to a specific assessed need and robust MDT recommendations. As residents had recently transitioned into the centre the staff team were still exploring options and residents' interests in activities. Three of the four residents were leaving the centre on a daily basis to go for walks, drives, visit family, go to gyms, and attend sensory type activities.

The next two sections of the report present the inspection findings in relation to the governance and management arrangements in the centre and how these arrangements impacted on the quality and safety of residents' care.

Capacity and capability

Overall, the inspectors found that the provider had suitable governance and management arrangements in place to monitor and oversee the quality and safety of care and support of residents in the centre. Residents appeared content in their new home while acknowledging some were taking longer to settle into their new environment than others and systems were in place to meet their assessed needs.

The centre had a clearly defined management structure in place which was led by a person in charge. A review of a sample of rosters indicated that there were sufficient staff on duty to meet the needs of the residents as described by the person in charge and in line with the statement of purpose. Staff who were spoken with had a good knowledge of residents' individual care plans. Additionally, from training records reviewed staff had been provided with the skills and supports necessary to carry out their duties.

The provider had systems in place to monitor and audit the service. Notwithstanding the centre having been operational only for a few months the provider had completed a number of oversight visits and had robust quality improvement plans in place.

Regulation 15: Staffing

The provider had ensured that the centre was fully resourced to provide care and support in line with residents' assessed needs. There was a very large staff team present as residents were minimally supported on a 2:1 basis at all times. There were no current vacancies on the staff team and any gaps on the rosters due to planned leave were covered by familiar relief staff or current staff taking on additional hours.

The inspectors viewed samples of the centre roster that was maintained by the person in charge and these clearly showed what staff were on duty each day and night. There was evidence that shifts were adjusted to meet resident need or resident plans. On the day of inspection one resident was for example experiencing a period of ill health and there were extra hours of staff support in place overnight to facilitate additional safety checks and support.

Judgment: Compliant

Regulation 16: Training and staff development

The inspectors reviewed the centre training report and found that staff were provided with the required mandatory training to ensure they had the necessary skills to respond to the needs of the residents. A number of the staff team were new to the provider and as such they were completing training as part of their induction

and throughout their probationary period. This was monitored by the person in charge.

Staff had undertaken a number of in-service training sessions which included among others, safeguarding of vulnerable adults, fire safety, safe administration of medication, manual handling and positive behaviour support. Centre specific training had also been introduced which covered areas such as use of the safety pod and cushion, positive behaviour support, multi-element support plans and risk management.

Staff were also being supervised by the person in charge and formal supervision and appraisal systems were in place. Formal probation reviews were also taking place and where required staff were also supported by professional debrief conversations.

Judgment: Compliant

Regulation 23: Governance and management

The provider had ensured there were clear lines of authority and accountability in place in the centre. A full-time person in charge had been appointed to the role in the centre and they were supported by a deputy person in charge and two shift leads. The person in charge was also supported by a director of operations who had specific oversight responsibility for this centre. The staff team were clear on who they could speak to if they had a concern and there were clear lines of communication in place with on-call management support available out of regular hours.

The provider and person in charge had systems of oversight and monitoring in place and regular audits were being completed in line with the provider's systems. The person in charge had a clear action plan arising from audits completed and progress against these actions was reviewed and monitored.

The provider was aware of the requirement to monitor the centre in line with the Regulation and while this centre had not yet been registered for six months the provider had already completed an unannounced visit and a quality improvement plan had been developed in line with the findings of this process. The inspectors reviewed this document and found that specific areas of improvement had been identified and the majority of areas that required improved had been addressed by the time of inspection.

Staff meetings were being held in line with the provider's policy and were resident focused. Overall the systems in place were effective in driving quality improvement and ensuring residents' needs were being met.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

Residents had moved to live in this centre following the provider's admission policy and processes.

The inspectors reviewed the contracts for the provision of services. All residents had contracts for provision of services in place and there was evidence that these had been discussed with both residents and their family or representatives. These documents were all signed and reflective of the service and charges in place. The documents were also available in an easy-to-read version.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charge was aware of their legal remit to notify the Office of the Chief Inspector of any adverse incident occurring in the centre in line with the regulations. On review of incidents and accidents that occurred in the centre, it was found that all required notifications had been submitted in line with the relevant requirements. For example, all incidents in relation to safeguarding had been notified within the three day period.

Judgment: Compliant

Quality and safety

The residents in this centre were being supported to live their lives based on their assessed needs and individual preferences.

Residents were being supported with their healthcare-related needs and had as required access to a range of health and social care professionals to include general practitioner (GP) services and where required, mental health supports. Residents were also supported to communicate in accordance with their assessed needs and preferences.

Systems were in place to safeguard the residents to include policies, procedures and reporting structures. Systems were also in place to manage and mitigate risk and keep residents safe in the centre.

Regulation 17: Premises

The premises was newly refurbished within the last six months and remained well presented and freshly decorated. This is a large two storey detached house in a rural setting in Co. Carlow.

Each resident had their own self-contained apartment with an open plan living-dining-kitchen area and a bedroom and bathroom. While some residents preferred minimal decoration this gave some apartments a stark appearance and the person in charge discussed the plans to introduce personal items and decor changes.

The house has ample parking for the staff team, the residents vehicles and visitor cars with most of the parking a short distance from the house so that it does not create a risk close to the premises. One resident had a secure garden that was for their use only and others shared garden space to the side and front of the premises where items such as swings or seating benches were located.

Judgment: Compliant

Regulation 18: Food and nutrition

Significant efforts were made by the staff team to ensure that residents were involved in shopping or planning for shopping in line with their assessed needs. Some residents were involved in preparing and cooking food in their apartment if they wished to. Residents meals and snacks were for the most part prepared and cooked in the communal kitchen of the centre. For one resident in particular there were plans in place to support their independence in food preparation.

The inspectors observed one resident checking the daily meal planner on display and stating to staff that they did not like what was suggested for that day. This was immediately changed and the resident offered choices that were preferable to them. The inspectors observed a range of fresh food options with for instance a fruit bowl on the kitchen table or a range of herbs and spices available.

None of the residents in this centre required diet modifications and advice from healthy eating and other fora was in place to ensure residents had as varied and nutritious a diet as possible. Residents reported they had take-away meals and all had clear favourite meals.

There were care plans in place to guide staff on specific requirements such as temperature safety or nutritional content. Staff had been provided on training around safe food strategies and records were maintained regarding fridge and freezer temperatures and opening dates of food.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

It was apparent that clear assessments of individual needs had been completed in addition to assessments of compatibility between peers.

Each individual had transitioned to stay in the centre in a time frame that suited them and there were easy-to-read moving plans in place.

Judgment: Compliant

Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep residents safe in the centre. There was a policy on risk management available and a risk register detailing the overall risks in the centre and control measures to mitigate those risks.

All incidents and accidents were logged separately on an on-line system. There had been a significant number of incidents within the centre since it opened with the online system indicating there had been 136 incidents logged on the system to date. The inspectors reviewed 11 incidents that occurred for one resident from 2 August 2024 and a sample of incidents for two other residents within the centre. It was found that incidents had been reviewed and suitable action had been taken in relation to the incidents such as learning communicated to the staff team, environmental adaptations or referral onto MDT supports. There was a clear system on place for recording and learning from incidents and accidents.

Additionally, each resident had a number of individual risk assessment management plans on file so as to support their overall safety and well being. The inspector reviewed two residents' individual risk assessments and found that identified risks were appropriately assessed with corresponding control measures in place. For example, a resident's mental health presentation had deteriorated, with associated incidents forms evidencing this change in presentation. This change in presentation had been risk assessed with comprehensive control measures put in place to ensure the resident's safety.

Judgment: Compliant

Regulation 7: Positive behavioural support

As part of the inspection process the inspectors reviewed the supports in place to support residents during incidents of challenging behaviour. Two multi-element behaviour support plans were reviewed as part of this process. Overall, it was found that the documents in place had sufficient information to guide staff to support residents in an appropriate manner. Plans were updated on a regular basis and there was a regular presence of the behaviour support specialist in the designated centre. For example, one plan reviewed by the inspectors had been updated on the 02 September 2024 and the other plan had been updated on the 26 August 2024.

As previously described there were a number of restrictions in place in the centre, this included the use of physical restraints, environmental restraints and rights based restraints. The provider and person in charge maintained a record of all restrictive practices in use in the centre and there were associated assessments for use and risk assessments in place that aligned with each named restriction. Some detail required improvement for instance where one resident had limited access to clothing the documentation also needed to reflect that drawers and parts of furniture associated with clothing were also restricted. These details in documentation were discussed and reviewed on the day of inspection. The provider showed clear evidence of the reduction of restrictions following review, for example, the move from one type of harness in transport to a less restrictive one.

Judgment: Compliant

Regulation 8: Protection

The inspectors reviewed the systems in place to ensure all residents were kept safe at all times. There was a log maintained of all safeguarding related incidents. When there was an allegation in relation to safeguarding, the provider investigated and reported this in line with National Policy and the requirements of the Regulations. Safeguarding plans were put in place as required and were reviewed and updated. The inspector reviewed the safeguarding plan that was currently in place for one resident. It was found that actions in this, such as reviewing intimate care plans, had been completed as stated.

The staff who spoke with the inspectors were aware of the importance of ensuring the safeguarding policy within the centre was followed accordingly. There was information available for staff to review and all staff had completed the required training in relation to safeguarding.

Judgment: Compliant

Regulation 9: Residents' rights

Residents could freely access information in relation to their rights, safeguarding, and accessing advocacy services in each of the houses. These topics were also regularly discussed at residents' meetings which were called 'service user forums'. A number of residents had accessed independent advocates or had court appointed external professionals to support them in line with their wishes.

Residents who engaged with inspectors spoke about how they were supported to exercise control over their day-to-day life. In line with their assessed needs residents had involvement in their home and inspectors observed residents being supported to engage in activities in line with their interests. Residents were supported to use the provider's complaints system to raise matters that were important to them. They were supported to ensure they applied for and had access to supports that were appropriate for them such as travel passes.

Where one resident had expressed over the last number of months that they may feel happier living elsewhere the provider had fully supported them in exploring the reasons why and in engaging in open dialogue.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant