



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

Issued by the Chief Inspector

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| Name of designated centre: | Mount Eslin |
| Name of provider: | Nua Healthcare Services Limited |
| Address of centre: | Leitrim |
| Type of inspection: | Announced |
| Date of inspection: | 28 February 2023 |
| Centre ID: | OSV-0005445 |
| Fieldwork ID: | MON-0030390 |

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 care and support to six adults in Co. Leitrim. The centre consists of a large two storey house on its own grounds in a rural location. One resident has their own self-contained studio apartment within the house; comprising of a fully equipped kitchen/dining area, a sitting room and bathroom. The other five residents have their own en-suite bedrooms which are decorated to their individual style and preference. Communal facilities include three large sitting rooms, a large well equipped kitchen/dining room, a second dining room and a laundry facility. The gardens to the front and rear of the property are large and very well-maintained with adequate private parking available. The service is staffed on a 24/7 basis by a person in charge, a team leader, a deputy team leader and a team of social care professionals. Managerial support is also provided from the director of operations. Systems are in place to provide for the social, health and overall well-being of each resident and as required access to GP services and a range of other allied healthcare professionals form part of the service provided.

The following information outlines some additional data on this centre.

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| 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 28 February 2023 | 09:00hrs to 18:00hrs | Ivan Cormican | Lead |

What residents told us and what inspectors observed

The inspector found that residents enjoyed a good quality of life and that the centre was resourced to promote residents' safety, personal development and community access.

This was the second inspection conducted by this inspector since 2021, with one additional inspection conducted by a separate inspector in 2022 which found that a good standard of care was provided. The inspector on this inspection, noted a marked and significant improvement in both the quality and safety of care had been sustained within the centre and overall the centre was both warm and welcoming in nature. On previous inspections there had been a large volume of safeguarding concerns and the inspection of 2021 found that the centre had a tense atmosphere with staff members on alert for any negative interactions which may occur. However, on this inspection the centre had a very pleasant atmosphere and residents went about their own affairs throughout the day. Music was playing in the background for the day and staff and residents were observed to stop and chat as they went about their day. There were no negative interactions observed and staff who met with the inspector clearly outlined residents' preferences in regards to care. Although some safeguarding concerns remained, incidents of a safeguarding nature had reduced in both frequency and intensity and it was clear that the person in the charge and the staff team were working to ensure that safeguarding was promoted.

The inspector met with all residents who were using this service on the day of inspection. Three of the residents preferred not to speak with the inspector for any length of time and the three remaining residents spent a period of time chatting about their lives and the support which was offered to them. Two residents met individually with the inspector in a communal reception room and they spoke freely about the care and support they each received. Both residents complimented the staff team and the person in charge and they explained that they had no reservations in discussing with staff any concerns which they may have.

One resident explained how they planned to visit their family later in the day and that they planned to stop for breakfast enroute. They explained how they enjoyed spending time in the centre and they had every opportunity to get out and about in the local community. They discussed their life before moving to the centre and they explained that it was a very positive move for them. The second resident also spoke at length about their life and again they discussed how moving to the centre had enhanced their wellbeing and welfare. They had a love of soccer and they chatted about their favourite team and they proudly wore their team's colours. They planned to go out with the support of staff later that day and maybe place a bet on an upcoming soccer match. They explained how they loved having the freedom to pop in and to place a bet and return home to watch the match. They also discussed how they might stop for a coffee with staff and relax and maybe do some shopping.

The remaining resident met with the inspector in their own self contained apartment. They were very proud of their living area and they pointed out pictures of new additions to their family and also their parents and sisters. They had a deep connection with their family and they explained how they liked to video call and visit them on a regular basis. The resident also discussed how they spent their time and they explained how they enjoyed going for meals out and also shopping. In addition, the resident was also engaged in personal development and they were completing art classes and they were also nearing the completion of an accredited literacy class. The also participated in a local organised group and they hoped to become an instructor with this group in order to assist younger members.

The premises was large and modern with a cosy feel. It was also maintained to a good standard and comprised of a main living area which accommodated four residents and two adjoining self-contained apartments. Residents in the main area of the centre each had their own ensuite bedroom and they had a choice of two reception rooms in which to relax. The centre also had an open plan kitchen/dining area and there was ample laundry facilities for residents to use if they wished. The individual apartments were found to be cosy in nature and residents had them decorated in line with their personal interests with items such as personal achievements and pictures of family and their favourite music stars.

Overall, the inspector found that the wellbeing and welfare of residents was actively promoted and the provider and the staff team aimed to promote residents' rights and their personal development.

Capacity and capability

The provider had ensured that the oversight and governance arrangements in this centre were robust. There was a clear management structure with clear lines of accountability and these measures assisted in ensuring that residents were safe and supported to enjoy a good quality of life.

The inspection was facilitated by the centre's person in charge and also by a person who participated in it's management. Both individuals were found to have an indepth knowledge of both the service and also of the resources which were in place to meet residents' needs. The person in charge attended the service on at least a weekly basis and they were supported in their role by a deputy team leader.

The provider had completed all required audits and reviews of care as set out by the regulations with the centre's most recent audit identifying some areas that required minor adjustments. The person in charge also had a schedule of internal audits which assisted in ensuring that areas of care such as medications, fire safety and personal planning would be held to a good standard. The centre's most recent annual review had also discussed the service with both residents and their representatives to get their thoughts on the service with an overall positive response received. In addition, the provider facilitated a weekly governance meeting to review

any trends of concern which had the potential to impact upon the quality and safety of care provided. Although there was good oversight of care practices in this centre, the oversight of incidents required review to ensure that all incidents were promptly reviewed by management of the centre.

As mentioned throughout this report, the staff who were present during the inspection had a pleasant and caring approach to care. They were observed to chat freely with residents and it was clear that they felt relaxed in their presence. Staff who met with the inspector openly discussed residents' care needs and it was clear that they were committed to the delivery of a good quality and person centred service. Staff members also stated that they felt supported in their roles and that regular team meetings and supervision facilitated them to raise any concerns which they may have in regards to the care which was provided.

The provider also ensured that staff could meet the assessed needs of residents by facilitating them with a programme of both mandatory and refresher training in areas such as behavioural support, fire safety, safeguarding and also IPC (infection prevention and control) related training. A review of the rota also indicated that residents were supported by a consistent staff team and there were no agency staff in use on the day of inspection.

Overall, the inspector found that this centre was operated safely and that oversight measures ensured that residents were supported to enjoy their time in the centre.

Regulation 15: Staffing

The person in charge maintained an accurate staff rota which indicated that residents were supported by a familiar staff team. Staff who met with the inspector also had a good understanding of resident's individual preferences in regards to care. In addition, staff members clearly explained how safeguarding was promoted in the centre, including individual safeguarding plans. They could also clearly detail resident's individual evacuation requirements should a fire occur in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had a programme of both mandatory and refresher training in place which assisted staff to meet the care needs of residents and also promoted a consistent approach to care. Staff members were also facilitated to discuss any care concerns which they may have by attending both scheduled one-to-one supervision and team meetings. Team meetings also facilitated discussion about care needs

within the centre and promoted a collective approach in regards to the delivery of the service.

Judgment: Compliant

Regulation 23: Governance and management

The provider ensured that the centre had clear lines of management and accountability in place. The person in charge held responsibility for the oversight of care and they were supported by a deputy team leader. Each person could clearly outline their roles and functions within the centre and overall the inspector found that the day-to-day care was held to a good standard. However, a review of incidents indicated that there had been a delayed response to a safeguarding incident and oversight of this area of care required some adjustment.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The person in charge held responsibility for the submission of notifications and they had a good understanding of the associated regulation. A review of information on the day of inspection indicated that there had been a delay in the submission of one notification; once aware, the person submitted this notification prior to the conclusion of the inspection.

Judgment: Compliant

Quality and safety

This centre aimed to ensure that residents enjoyed living in this centre and that they considered it their home. Residents who met with the inspector clearly outlined their satisfaction with the service and they indicated that they felt safe and that their rights were respected.

The provider clearly demonstrated that residents' wellbeing and rights were to the forefront of care. Information on rights was clearly displayed throughout the centre and residents reported that they were treated with dignity and respect. Residents were well supported to get involved in the running and operation of their home and scheduled service user forums were consistently held in the centre where residents were kept up to date with issues such as COVID 19, maintenance and safety. The

provider also used these forums as a platform to create discussion in regards to rights, safeguarding and upcoming social events. The person in charge also explained that one resident had recently joined a provider resident committee as a representative from this centre and they used this position to raise issues which were highlighted in their residence. The inspector found that these measures clearly demonstrated that the provider and the staff team valued residents' opinions on the service and aimed to promote rights and service improvement.

It was clear that residents were to the forefront of care and each resident met with their keyworker on a monthly basis to discuss any activities which they would like to engage in or any interest in personal development they may have. A resident who met with the inspector spoke about their love of attending a local organised external group and how they planned to become an instructor so they could assist younger members. They also planned to be a volunteer and work with young people and it was clear that personal development was important to them. In addition, they were also completing an accredited literacy course and they were very proud of their achievements.

Safeguarding was a prominent feature of care in this centre and both the provider and management of the centre sought to ensure that residents were safeguarded at all times. Residents reported that they felt safe and that they generally got on well with other residents. There were four active safeguarding plans in place in regards to recent negative interactions and staff who met with the inspector could clearly describe the additional measures which were implemented to keep residents safe. Safeguarding plans which were reviewed were also relevant and up to date. In addition, the person in charge had completed an overarching safeguarding plan for the centre which assisted in ensuring that safeguarding was promoted. Although safeguarding was promoted, an incident which had occurred prior to the inspection had not been escalated as required to the centre's person in charge which delayed the necessary safeguarding response. Information which was reviewed indicated that this was the first recorded safeguarding concern of this nature and no additional incidents had occurred. This safeguarding issue was brought to the attention of the centre's person in charge who ensured that all necessary referrals and notifications were submitted.

Overall, the inspector found that residents enjoyed living in their home and that their rights, community access and personal development were actively promoted.

Regulation 12: Personal possessions

Residents were well supported to manage to own finances and possessions. Where required, staff members maintained residents' finances and detailed records were in place for all financial transactions. Records of resident's personal possessions were also in place which assisted in ensuring that their property was safeguarded. Residents who met with the inspector also indicated that they were free to spend

their money as they wished and they were happy with the support which staff offered them.

Judgment: Compliant

Regulation 13: General welfare and development

Resident's personal development was promoted through the actions of the staff team and management of the centre. Residents reported that their development was facilitated and they were encouraged to partake in areas of personal interest. A review of records also indicated that they were out and about in the local area and community on a daily basis. Residents also discussed how they attended external groups to meet new people and also how they planned to volunteer with young people in the future.

Judgment: Compliant

Regulation 26: Risk management procedures

The person in charge held responsibility for managing risks within the centre and comprehensive risk assessments were in place for issues which had the potential to impact upon resident's individual safety or the overall delivery of care. Risk assessments were subject to regular review and they were also amended to reflect where changes in care had occurred. In addition, the provider had an incident reporting system in place which assisted in ensuring that senior management would be made aware of issues, incidents or accidents which had the potential to impact on the quality or safety of care.

Judgment: Compliant

Regulation 27: Protection against infection

IPC was part of every day practice in this centre and staff were observed to wear face coverings and to wash and sanitise their hands throughout the day. The centre was clean to a visual inspection and it was also maintained to a good standard. Regular cleaning and disinfection of the centre was occurring with staff members completing these duties during the course of the inspection. Detailed cleaning records were maintained and information on the effective cleaning and disinfection of the centre was displayed throughout.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had taken fire safety seriously and fire safety measures such as emergency lighting, alarm panel, fire doors and fire fighting equipment were in place. The provider had a schedule of servicing for all fire equipment to ensure that it was in good working order and staff were also completing regular fire safety checks. The person in charge had detailed fire evacuation plans for individual residents and also in regards to the collective evacuation of the centre. The inspector found these measures ensured that consistent approach to fire evacuation was promoted. In addition, a review of fire drills indicated that all residents could evacuated the centre in a prompt manner across all shift patterns.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

The provider had appropriate storage for medications in place. The provider also maintained a stock of controlled medication and additional internal locked storage was in place for this medication. Staff were completing twice daily stock checks of controlled medication and two staff were required to carry out the safe administration of this medication which was in line with best practice. A review of a sample of administration records indicated that these medications were administered as prescribed.

Judgment: Compliant

Regulation 8: Protection

Safeguarding is an integral aspect of care and robust arrangements are required to ensure that residents are safeguarded at all times. Safeguarding was actively promoted in this centre and residents who met with the inspector stated that they felt safe and that they could go to any staff member if they had a concern. Safeguarding plans which were in place were frequently reviewed to ensure that they were effective and the provider's designated officer had recently attended the centre to raise safeguarding awareness among residents and staff.

Judgment: Compliant

Regulation 9: Residents' rights

It was clear that residents rights were actively promoted in this centre. Residents reported that they had good access to their local community and that the centre was well resourced to ensure that they could engage in areas such as personal development. Information on rights were clearly displayed and the residents' forum was used as a platform to further raise awareness of their rights. In addition, the centre had an open and transparent culture and residents reported that they could speak to any staff member if they were dissatisfied with any aspect of the service.

Judgment: Compliant

Regulation 17: Premises

The centre was large, spacious and well maintained. Residents had an ample number of reception rooms in which to relax and two residents had their own individualised apartments. Residents also had their own ensuite bedrooms and there were pleasant outdoor areas for residents to enjoy. Laundry facilities were in place and residents were supported to manage their own laundry in line with their individual preferences.

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 | Substantially compliant |
| Regulation 31: Notification of incidents | Compliant |
| Quality and safety | |
| Regulation 12: Personal possessions | Compliant |
| Regulation 13: General welfare and development | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Compliant |
| Regulation 8: Protection | Compliant |
| Regulation 9: Residents' rights | Compliant |
| Regulation 17: Premises | Compliant |

Compliance Plan for Mount Eslin OSV-0005445

Inspection ID: MON-0030390

Date of inspection: 28/02/2023

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 23: Governance and management | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>To demonstrate that the Designated Centre is in line with Regulation 23(1)(c) the PIC will ensure that management systems are in place to ensure a timely response to any safeguarding concerns which may arise.</p> <ol style="list-style-type: none"> 1. Centre management will review incident reports on AIRS on a daily basis to ensure that any safeguarding concern is responded to in a timely manner. (28.02.2023) 2. All monitoring notifications will be notified to the regulator through the HIQA portal in line with the 3 working day notification time period identified within the regulations. (28.02.2023) 3. The PIC will discuss the HIQA ‘monitoring notifications handbook’ at the team meeting in the centre. (24.03.2023) 4. Safeguarding to be discussed at the next team meeting. (24/03/2023) 5. Escalation policy to be discussed at team meeting to further ensure staffs knowledge of the escalation of safeguarding concerns. (24.03.2023) | |

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 23(1)(c) | The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored. | Substantially Compliant | Yellow | 24/03/2023 |