Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Radharc Nua
Name of provider:	Health Service Executive
Address of centre:	Wexford
Type of inspection:	Unannounced
Date of inspection:	13 November 2024
Centre ID:	OSV-0002633
Fieldwork ID:	MON-0044776

About the designated centre

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

Radharc Nua is a designated centre located in a rural area in Co.Wexford. The centre provides long-term residential care to five adult residents, with intellectual disability, dual diagnosis and significant high support physical and behavioural support needs. Residents living in the centre require full-time nursing care. The staff team consists of nursing staff and support workers. The residents attend day-services attached to the organisation and also have in-house individualised activities. The centre comprises of a large two-story house located in rural location. It has five single bedrooms with two living rooms, a kitchen, dining room, sensory room, five bedrooms, adapted bathrooms and a large accessible garden.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5

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
Wednesday 13 November 2024	10:00hrs to 13:30hrs	Sarah Mockler	Lead
Wednesday 13 November 2024	10:00hrs to 13:30hrs	Conor Brady	Support

What residents told us and what inspectors observed

This inspection was unannounced and was carried out with a specific focus on safeguarding. Two inspectors completed the inspection across a one day period.

Overall, it was found that the residents were kept safe in the centre. The provider had implemented a number of improvements within the centre following inspections that had occurred in April and May 2024. The current inspection found that the provider had sustained the improvements resulting in residents' safety being prioritised and maintained.

As highlighted in previous inspection reports, residents living in this centre were assessed as not being compatible to live together. For example, residents with autism and other mental health presentations had engaged in significant behaviours of concern that had the potential to impact on the other residents in the centre. However, in recent months the number of such incidents had decreased. The management of the compatibility of residents included the use of restrictive practices and constant and continuous staff supervision. The implementation of meaningful, structured days, whereby residents got out and about in the community a lot more, had significantly reduced the number of incidents within the centre.

Across the day of inspection the inspectors met all five residents that lived in the designated centre. All residents in this home used non-verbal means to communicate their immediate needs, such as leading staff by the hand to an area in the home to indicate that they wanted an item or activity. Residents were observed to present as comfortable and content in their home.

On arrival at the centre three residents were present in the main hall area of the home. The residents would all choose to congregate in this area at different times of the day. Briefly, in the morning time, the hall area was very busy and loud due to residents vocalising, but this was well managed by staff and residents were redirected to get ready to go out. Residents were going out for drives or walks and family members were also arriving to visit and take out a resident for a couple of hours.

One inspector had the opportunity to meet with a family representative. They expressed that they were very happy with the care and support their family member was receiving.

Recently, the provider had restructured the layout of the centre to provide more communal spaces to the residents which had worked well and had a positive impact. The residents lived in a very large dormer style home. Four residents bedrooms were located downstairs and one resident had their bedroom upstairs. Residents had access to a sensory room, sitting room, snug area, and sitting room downstairs. The metal shutter hatch between the kitchen and dining area had been replaced which meant the centre was less clinical in presentation. All parts of the centre were well

maintained and the centre presented as very clean.

Residents had large outdoor spaces to access and residents had their own self-contained sensory room and music shed in this area. On arrival at the centre, one resident was outside enjoying listening to their music. Again, the outside areas were well kept and maintained and the enhanced safety measures relating to one part of the garden were still in place. This ensured one resident's safety if they engaged in behaviours of concern in this area.

The next two sections of the report presents the findings of this inspection in relation to governance and management of this centre and, how the governance and management arrangements impacted on the quality and safety of the service being provided.

Capacity and capability

Overall, the inspectors found that there was a clearly defined management structure in the centre. The Assistant Director of Nursing (ADON) facilitated the inspection day. The person in charge was on annual leave and the ADON informed the inspector that they had resigned from their post and would be leaving in the next couple of weeks. There was a plan in place to recruit for this position.

In terms of safeguarding, there were systems in place for the identification, reporting and management of safeguarding concerns. There was a designated officer in relation to safeguarding appointed within the centre. If they were absent or on leave, a person in charge from another centre would be the appointed to manage and report relevant incidents.

There was a large staff team in place in the centre. Overall it was found that consistency of staffing was overall maintained with staff attending regular training in respect of safeguarding. Staff spoken with over the course of the inspection all demonstrated sufficient knowledge around how to keep residents safe.

Regulation 15: Staffing

The inspectors reviewed the staffing arrangements in place for the month of November 2024 and found that staffing arrangements were sufficient to support the needs of the residents. Up to seven staff were on duty during the day, and two waking night staff were present at night. The staff team comprised of nursing staff and multi-task attendants. The consistency of staff team was overall well maintained. Although agency staff were being utilised, for the most part these all agency staff had worked in the centre for a number of months or years and were well known to the residents. There were minimal staff vacancies at the time of

inspection. As previously mentioned, staff supervision of residents was essential to ensure the safety of residents. The provider had ensured there were sufficient staff rostered at all times.

Judgment: Compliant

Regulation 16: Training and staff development

From reviewing the training records of seven staff members, the inspectors found that they were provided with the required training to ensure they had the necessary skills to respond to the needs of the residents and to promote their safety and well being.

For example, the staff had undertaken in-service training which included safeguarding of vulnerable adults. Staff members that spoke with inspectors on the day of inspection could clearly outline the steps they would take to report a safeguarding concern and had good knowledge around relevant policies and procedures.

Staff had also undertaken other training so as to ensure a safe living environment for the residents. For example, this training included, fire safety training and Infection Prevention and Control (IPC) training.

Judgment: Compliant

Regulation 23: Governance and management

There were clear lines of authority and accountability in this service. The centre had a clearly defined management structure in place which was led by a person in charge. They were supported in their role by the ADON. As previously discussed the person in charge was leaving their role. There was a recruitment campaign underway at the time of inspection. In addition, to ensure the smooth transition of change in personnel the ADON had committed to spend two days a week at the centre. This would ensure that continuity of care was available to all residents during this time.

The designated centre was being audited as required by the regulations and an annual review of the service had been completed for 2023 along with a six monthly unannounced visit to the centre carried out in May 2024. These audits were to ensure the service was meeting the requirements of the regulations and was safe and appropriate in meeting the needs of the residents. For example, in the annual review it was identified that to improve safeguarding within the centre additional staff training was required. All staff had received relevant training and additional

training was also being sourced with an external provider.

Oversight of safeguarding arrangements were in place. Each month the senior management team met at the Quality and Patient Safety Committee meeting. Safeguarding was a standing agenda items at this meeting. Although the current centre had not been discussed at recent meetings (as there had been no incidents), the inspectors saw evidence of other centres being discussed as required.

Judgment: Compliant

Quality and safety

Overall, it was found that residents were kept safe in the centre. In order for the residents' communication needs to be met familiar staff were required. In addition, robust written guidance was required to ensure staff practice was in line with residents' specific assessed needs. Improvements were needed in ensuring the guidance was informed by a suitable assessment of need and readily available to staff.

Overall, incidents had reduced in the centre and on review of incidents over the last three month period there had been no reported peer to peer incidents or any incidents of a safeguarding nature. Overall, risks were being well managed. However, a specific risk assessment was recommended by a health and social care professional in relation to managing residents' sexualised behaviours. On the day of inspection this risk assessment was not in place.

Regulation 10: Communication

Inspectors observed staff communicating with residents with dignity and respect at all times. Residents in this centre primarily communicated non verbally. The residents observed predominantly communicated with staff through gestures, sounds, shouts, movements, body language and physical actions. Staff on duty knew the residents very well and spoke to inspectors about the importance of having familiar staff on duty, as this was key in understanding the residents physical presentation and body language. This also could prevent incidents from occurring whereby residents were sometimes frustrated, anxious and agitated and could engage in behaviours of concern.

While communication on the day of inspection was good, residents communication care plans and communication passports were reviewed and needed some further improvement in terms of their assessment quality, review and accessibility in terms of guiding staff on each residents individual communication.

Judgment: Substantially compliant

Regulation 17: Premises

The premises were laid out to meet the assessed needs of the residents and was generally kept in a good state of repair, so as to ensure a comfortable and safe living environment for the residents.

Each resident had their own bedroom which was decorated in a tasteful manner and had personal items on display in line with the residents' wishes and preferences. There was also adequate communal space available to the residents in the centre, which was important for their overall well-being. As no resident in the centre attended a day service the centre was required to provide adequate space for for recreational activities and relaxation activities. There were sensory rooms and a snug area available to residents, as well as a dining room, conservatory, and sitting room.

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 each resident had a number of individual risk assessment management plans on file, so as to support their overall safety and well being.

A risk register was in place with a series of risks recorded such as resource/staffing risks, risk of assault or injury to residents and staff, risk of absconding, risk of self harm, risk of peer to peer incidents, risk of seizure activity, risk of slips, trips and falls, safeguarding risks and the risk of inappropriate sexualised behaviours.

Incidents and accidents were being logged and reported through the National Incident Management System (NIMS). Improvements had occurred in the efficiency of reporting responding and learning from incidents. Each month each incident was reviewed by the person in charge and a summary of the incident in terms of the context, staff present, learning identified and associated risks were accounted for. This ensured that patterns and trends in incidents were identified in a timely manner. For example, staffing had been identified as a trend in a small number of incidents. A control measure had been put in place to ensure no unfamiliar staff completed any shift within the centre. The risk assessment was in the process of being updated at the time of inspection.

Due to the number of serious incidents occurring in the centre in the earlier part of the year a psychologist had completed a review of the residents in the centre. They had recommended that the residents would benefit from a specific type of risk assessment. At the time of inspection this action remained outstanding and these risk assessments were not in place. Although associated incidents had reduced, the provider was required review this process to ensure the needs of the residents were best met.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had a personal plan. The inspectors reviewed two residents' personal plans. The assessment of need outlined, whether safeguarding concerns were relevant to residents in the centre.

All five residents had risk assessments in place identifying measures in place to manage safeguarding concerns which related to behaviours of concern. In addition, safeguarding plans were also in place to show, how residents were being supported to keep safe. The five safeguarding plans had all been reviewed and updated in July 2024. The plans in place outlined the measures in place around financial safeguards, maintaining residents privacy and dignity and the protections in place around physical, emotional and sexual abuse. Each plan was individualised to each resident and provided good guidance to staff.

Judgment: Compliant

Regulation 7: Positive behavioural support

All residents within the service were assessed to need support to manage behaviour that challenges. All five residents had positive behaviour support plans in place. The inspectors reviewed two behaviour support plans. The behaviour support plans had been updated in recent months by the Advanced Nurse Practioner (ANP).

As previously mentioned there were a number of restrictive practices in place in the centre, such as key pad locks on internal and external doors, limited access to some areas of the home such as the kitchen, one bedroom and the utility room, limited access to water in some bathrooms, and door alarms. These measures were in place to protect the residents and were reviewed on a regular basis. The provider had made some effort to reduce some restrictions over the last few months. For example, an internal key pad lock was now permanently disabled on the door to the stairs. Due to the mix of the residents and their compatibility with each other the

provider was required to use restrictive practices keep all residents safe.

Judgment: Compliant

Regulation 8: Protection

Residents were observed to be safe and well cared for in this centre. Inspectors observed residents to be up, well presented and content in their home on arrival. The provider had systems in place for the detection, management and reporting of safeguarding concerns. All staff demonstrated a good understanding and awareness of residents safeguarding needs. All staff on duty (seven) had all undergone safeguarding training and were aware of the types of abuse, how to report and manage safeguarding concerns and the importance of keeping residents safe at all times.

There were appropriate safeguarding policies, procedures and protocols found to be in place. Previous safeguarding incidents were reviewed and found to be managed in line with these policies, procedures and protocols . There were no open safeguarding concerns at the time of inspection. Inspectors spoke with a family member who happened to be visiting the centre on the day of inspection and they informed inspectors that they felt that their loved one was very well cared for and was kept safe at all times. Safeguarding was an agenda item on a number of staff meetings that occurred monthly which were reviewed as part of this inspection.

Judgment: Compliant

Regulation 9: Residents' rights

The measures taken by the provider, such as residents leaving the centre on a more frequent basis, restructuring the layout, and enhanced oversight of risk and other aspects of care were now resulting in less incidents. However, the long term suitability of the resident group required ongoing review to ensure all residents' specific needs were being met and that a rights based approach to care and support could be upheld at all times.

Notwithstanding, the identified compatibility issues of the resident group, the residents care and support was provided as much as possible in line with a right's based approach. All staff spoken with and care and support observed was completed in a caring and professional manner.

Residents meetings took place on a weekly basis. The inspector reviewed four weeks of resident meeting notes. In this meeting, menu planning, activities and changes with care and support was discussed with residents. For example, a recent

meeting note stated that the upcoming change in manage was discussed with residents.
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
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Radharc Nua OSV-0002633

Inspection ID: MON-0044776

Date of inspection: 13/11/2024

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 10: Communication	Substantially Compliant
Outline how you are going to come into compliance with Regulation 10: Communication: The residents communication passports have been reviewed and updated to ensure individual needs are met. They now form part of staff induction	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The PIC has requested an up to date review by the psychology team to determine if further assessment is required based on the residents current presentation.	

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 10(2)	The person in charge shall ensure that staff are aware of any particular or individual communication supports required by each resident as outlined in his or her personal plan.	Substantially Compliant	Yellow	31/12/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	10/01/2025