



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

## Issued by the Chief Inspector

Name of designated centre:	Hempfield
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Clare
Type of inspection:	Unannounced
Date of inspection:	25 July 2023
Centre ID:	OSV-0003379
Fieldwork ID:	MON-0035193

## About the designated centre

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

In this centre a 24 hour residential service is provided to adults of a younger profile, but all over the age of 18 years. The primary purpose of the service is to provide support for persons with a diagnosis of autism and intellectual disability and the maximum number of residents that can be accommodated is four. The premises is a detached dormer type bungalow with services for residents provided on both floors; a self-contained apartment for one resident is provided at ground-floor level. The centre is located on the outskirts of a large town and ample provision is made for transport suited to the needs of the residents so they have daily access to services in the local community and beyond. The model of care is social and the staff team is comprised of social care workers and support workers. Daily management and oversight is assigned to the person in charge supported by deputy team leaders. Access to clinicians and multi-disciplinary support is largely available from within the provider organisation. Staffing levels and arrangements are based on the assessed needs of the residents; there are two staff members on duty each night with day time staffing levels reflecting 1 to 1 or 2 to 1 staff to resident ratios as needed.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	4
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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 25 July 2023	10:00hrs to 16:30hrs	Mary Moore	Lead

## What residents told us and what inspectors observed

This inspection was undertaken to monitor the provider's compliance with the regulations and standards. The inspector found the service to be consistently and effectively managed. The provider had the arrangements in place to meet the needs of the residents.

On arrival at the centre the house was busy with staff members arriving to commence their work shift and some routine garden maintenance was also being attended to. The inspector was greeted by the person in charge who advised that two of the four residents were at home. One resident had left to attend their off-site day service and another resident was on a visit to their family home.

The inspector walked around the house with the person in charge and noted that the house presented well. The house was visibly clean and tidy and the improvements made since the last inspection were evident. For example, the main kitchen had been refitted and a whirlpool style bath had been installed in the main downstairs bathroom. Residents in the context of their sensory needs were reported to enjoy this bath and the person in charge advised the inspector that the provider had plans to refurbish the upstairs bathroom as well.

One resident was using the downstairs bath as the inspector walked around and this was clearly highlighted to the inspector so as not to enter the bathroom. The inspector also noted signage on a resident's bedroom door asking staff not to knock before entering but rather to call them by their name and wait. The person in charge advised that this was the resident's expressed preference. Staff were noted to ask residents if there was anything that they needed and a variety of snacks and meals were prepared and provided to meet different requests. The staffing levels observed were good and as described by the person in charge.

The inspector had the opportunity to meet with the three residents who were in the house. None of the three residents expressed any discomfort with the presence of the inspector in their home but their engagement with the inspector was very brief, led and controlled by the residents themselves. For example, one resident who was listening to some music in their bedroom said hello to the inspector when prompted by the person in charge but then got up and very gently guided the inspector and the person in charge from the bedroom. One resident on their return from their day service greeted the inspector and chatted to the staff members on duty. The resident told the inspector that they were having a good day and gave a thumbs up sign when asked if they liked living in the house. This resident was the most recent admission to the house. The resident relaxed on the couch to watch an animated programme, said it was a favoured programme since childhood and then focused on the programme.

Staff spoken with told the inspector that this resident had since their admission developed a good relationship with another resident and they enjoyed going to

activities together such as swimming and the cinema. The routines of the residents were however largely individualised and this was facilitated by the staffing levels in place and good provision of transport.

The inspector met with the third resident later in the day. The resident had their own annexed apartment. The resident's presentation and behaviours at this time were indicative of their diagnosis. The resident did not respond to the presence of the inspector or any attempt made by the inspector at engagement. The staff member accompanying the inspector was well able to describe the resident's presentation, routines and supports.

The inspector did not meet with any resident representative but the person in charge confirmed that each resident had ongoing access to home and family as appropriate to their individual circumstances. The management and staff team had ongoing contact with families. The person in charge advised the inspector that the feedback from families was positive and there was no recent or active complaints received. The importance of family to residents was evident in the display of family photographs in some of their bedrooms.

The atmosphere in the house was easy and relaxed. Management of the service confirmed that the change in the profile of resident needs since the last inspection had significantly improved the quality and safety of the service for the residents and the staff team. There were no active compatibility concerns, a reduced level of incidents and, a reduced requirement for physical interventions in response to behaviour of risk was reported and also recorded in records seen.

The person in charge was well able to describe how they planned, delivered and monitored the care, support and services that were provided to each resident. This included the completion of pre-admission assessments, the review of incidents that did occur and ongoing consultation with the wider organisational structure and the multi-disciplinary team.

In summary, the provider had arrangements in place that were responsive to and respectful of the individual needs and abilities of each resident. Risks were identified and managed and where restrictions were in place these were overseen by the MDT. Overall, there was good consistency between what was discussed with the inspector, what was observed and, the records in place. However, there was some scope to improve the documentation associated with a specific behaviour support intervention.

The next two sections of this report will describe the governance and management systems in place and how these ensured and assured the quality and safety of the support and services provided to residents.

## Capacity and capability

There were management systems in place to ensure that the service provided was safe, consistent and appropriate to residents' needs. The centre presented as adequately resourced. The provider had sustained the high level of compliance with the regulations found on previous inspections.

The person in charge worked fulltime and was supported in the management and oversight of the service by a deputy team leader and a head shift leader. They worked collaboratively so that there was a management presence in the service every day. This was evident from the staff duty rota. Staff also had access to out-of-hours support the details of which were available in the staff office.

The local management team shared the responsibility for completing formal staff supervisions and the person in charge convened monthly staff meetings. The person in charge reported good staff attendance at these meetings and good engagement from staff.

It was evident from discussion and records reviewed that there were formal and informal quality assurance systems that were used consistently to monitor and improve as needed the care and support provided to each resident. For example, the annual review for 2022 had been completed by the person in charge and the quality and safety reviews to be completed at a minimum of six-monthly intervals were also completed on schedule. The findings of those internal reviews were satisfactory.

The staffing levels on the day of inspection were as described and good oversight was maintained of staff attendance at mandatory, required and desired training.

#### Regulation 14: Persons in charge

The person in charge worked full-time and had the qualifications, skills and experience necessary to manage the designated centre. The person in charge demonstrated to the inspector responsibility and accountability for the service provided to residents. The person in charge was well informed as to the needs of each resident and the general operation and administration of the centre.

Judgment: Compliant

#### Regulation 15: Staffing

The staff duty rota was well maintained and reflected the staffing levels and arrangements described to and observed by the inspector. These staffing levels and arrangements were suited to the routines, needs and abilities of the residents. For example, where two staff members were required to support safe community access for a resident this was in place. The night-time staffing arrangement was two staff

members on waking duty. While there was some natural turnover of staff, the staff duty rota indicated consistency of staffing and a regular staff team.

Judgment: Compliant

### Regulation 16: Training and staff development

A record was maintained of the training completed by each staff member. The training record was consistent with the staff duty rota. Based on the inspectors review of this record staff training such as in safeguarding, fire safety, medicines management and responding to behaviour that challenged including de-escalation and intervention techniques was all up-to-date. Attendance at refresher training was monitored. Members of the MDT such as the behaviour specialist and occupational therapist also linked directly with the staff team. There was a formal system of supervision in place for all grades of staff.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents contained all of the required information such as the contact details of each resident's next of kin, general practitioner and any other body with a duty to oversee the welfare of the resident.

Judgment: Compliant

### Regulation 21: Records

Any of the records requested by the inspector to inform and validate these inspection findings were in place and available to the inspector. For example, records of accidents and incidents that had occurred, of fire safety checks and maintenance and, a record of each person who worked in the centre and the hours that they worked.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. Individual roles, responsibilities and reporting relationships were understood. The person in charge could clearly describe how these management systems were operated to ensure the consistent monitoring of the appropriateness, quality and safety of the service provided to residents. The person in charge had procedures in place for the development and supervision of staff. Supervisory arrangements included unannounced night-time spot checks. Formal quality assurance systems included the completion of the annual and six-monthly quality and safety reviews required by the regulations. These reviews incorporated feedback from residents, staff and resident representatives and each review followed up on the implementation of the previous quality improvement plan. Actions did issue from these internal reviews but these were generally not of a concerning nature. For example, gaps in documentation. The provider had completed the action it said it would in response to the previous inspection compliance plan.

Judgment: Compliant

## Quality and safety

The evidence base of the care and support provided was informed and monitored by the wider MDT. Resident safety in the context of their assessed needs was promoted and protected but the management and staff teams also endeavored to provide each resident with a safe and comfortable home and a good quality of life.

For example, the person in charge described the assessments completed prior to admission to ensure the centre was suited to the needs of the resident and the needs of the existing residents. As discussed in the opening section of this report the provider had since the last inspection altered the profile of the residents living in the house. The inspector could see and staff spoken with confirmed the positive impact this had had on the quality and safety of the service. All staff had completed safeguarding training and members of the internal designated safeguarding team were reported to have also visited the house.

Each resident had a personal plan that was based on their assessed needs. Each resident had a nominated key-worker who consulted with the resident at regular intervals in relation to their personal plan and the care and support that they needed including any restrictions in place for their safety and wellbeing. The key-workers recorded how the resident engaged with these discussions. For example, if staff noted that a resident had not used the vocabulary they used to indicate they wanted staff to go away this was taken to indicate that the resident had listened and engaged.

The residents living in this house were of a younger profile and generally enjoyed good physical health. There were challenges however for example in relation to dietary preferences and habits. Staff monitored resident well-being including regular

monitoring of their body weight and sought input as needed from the dietitian.

Residents did have needs that were complex and presented risk to own well-being and welfare and, the safety of others. The person in charge maintained and updated a range of work related and resident specific risk assessments. Controls such as environmental restrictions did not appear to impact on residents and staff were seen to adhere to specific controls such as supervising the opening and closing of the main entrance gate.

There were other restrictions in place that met the benchmark for rights restrictions. These were identified as restrictions by the provider. The person in charge could explain the justification for these interventions, their implementation based on input from the MDT, the desired objective, their oversight and review in conjunction with the MDT. There was scope however to improve the associated monitoring documentation.

### Regulation 10: Communication

The assessed needs of the residents included communication differences. Residents used a variety of means to communicate such as verbal communication, specific vocabulary, gestures, written communications and, behaviour. Residents had access to and enjoyed a range of media. The person in charge confirmed there were no identified risks associated with residents accessing the Internet. Effective communication was supported by input from the MDT. For example, staff described and there was evidence of the recently introduced programme for supporting a resident to better express their feelings and anxieties.

Judgment: Compliant

### Regulation 11: Visits

Access to home and family was facilitated and supported by staff as appropriate to each resident's individual circumstances. For example, family could call and visit or residents were supported to visit their family.

Judgment: Compliant

### Regulation 12: Personal possessions

Each resident had their own bank account but required support from staff to manage their personal monies. There were systems in place to safeguard residents

finances such as hard and soft copies of each transaction, details of monies spent and supporting receipts. There were systems in place for reviewing these records and for reconciling balances. Residents' inventories of personal possessions were not however included in these regular systems of oversight to ensure they were correctly updated. This was highlighted to the person in charge who committed to correct this. Each resident was provided with adequate personal storage space and staff described how residents might participate in some aspect of their personal laundry. For example, bringing their laundry basket to the utility room. Staff laundered each resident's personal items separately and had one domestic type washing machine. Staff said that this could be challenging. Specific infection prevention and control matters also had to be considered at times. The provider should give due consideration in consultation with the staff team to the provision of additional laundering facilities.

Judgment: Compliant

### Regulation 13: General welfare and development

One resident accessed an off-site day service and the person in charge was in the process of negotiating increased access for the resident. The remaining three residents received a wrap-around type service where they were supported by the staff team to access and engage in a range of community based activities. This was individualised to the needs of each resident. Each resident had a daily planner that was monitored by the person in charge. Residents went to the library, swimming, horse riding, bowling, activity centres, local beaches and recreational areas. The person in charge described how staff also engaged residents in literacy, mathematics and geography. There was evidence of this in the house. Residents were supported to maintain their personal relationships.

Judgment: Compliant

### Regulation 17: Premises

The house was visibly clean and well maintained. The design and layout was suited to the needs of the residents. One resident had their own self-contained area of the house. Residents were supported to personalise their personal spaces and these rooms reflected the interests and preferences of each resident. The provider had a programme of maintenance and refurbishment and alterations such as to the bathroom reflected the needs of the residents.

Judgment: Compliant

## Regulation 26: Risk management procedures

Suitable arrangements were in place for the identification, management and ongoing review of risk. This included the review of any incidents that occurred including any incident where staff had to physically intervene in response to risk. The sample of risk assessments reviewed by the inspector reflected the assessed needs of the resident. The risk assessments were updated and included new interventions such as in relation to behaviour support.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Each resident had a personal plan. The person in charge confirmed that they had actively participated in the pre-admission assessment for the resident most recently admitted to the centre. This transition presented as successful. The resident told the inspector they were happy in the house. The person in charge completed a review of each personal plan and key-workers recorded their meetings with each resident where they discussed aspects of the plan with the resident. Records seen indicated that residents' representatives and other persons with a duty to oversee the care and support provided were invited to attend reviews of the personal plan. There was consistent MDT input into the plan and the review of its effectiveness. There was a good link between different needs and plans.

Judgment: Compliant

## Regulation 6: Health care

Ordinarily residents enjoyed good physical health. The person in charge ensured each resident had access to the clinicians and services that they needed and much of this was available from within the providers own resources. Residents attended different general practitioners (GP) who were responsive to the needs of the residents. For example, house visits were facilitated where these were better suited to the needs of a resident. The person in charge reported that residents were happy to receive any care that they needed. There were challenges to maintaining good health such as the dietary preferences and choices that residents made. The person in charge had accessed dietetic advice and resident body weight was consistently monitored. Clinicians were advised of any concerns in this regard.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The support and care provided to residents was actively advised and overseen by members of the MDT such as psychiatry, behaviour support and occupational therapy. There were restrictions in place in response to risk but also as part of a positive reinforcement plan. The provider had identified these interventions as restrictions. The person in charge could clearly describe how this plan operated in practice. There was evidence that the plan was having a positive impact in relation to the desired outcome. However, there was scope to improve how the working of this plan was recorded. For example, the correlation between monitoring records used daily by the staff team to record the completion or not of the tasks the resident needed to complete and records of the provision of the reinforcer/reward was not robust. Entries noted had the potential to disincentivise and reduce the effectiveness of the plan and required further discussion.

Judgment: Substantially compliant

## Regulation 8: Protection

All staff had completed safeguarding training. There were records on file of the relatively recent evaluation of learning and staff understanding of safeguarding. The details of the safeguarding team were prominently displayed and the person in charge advised the inspector that this information was also provided to residents' representatives. The residents met with presented as comfortable in their home and with the staff members on duty. The person in charge described how residents could and did communicate if they were not happy or did not wish to consent to any aspect of their support. Each resident had an personal intimate care plan.

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
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Hempfield OSV-0003379

Inspection ID: MON-0035193

Date of inspection: 25/07/2023

## 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 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The Person In Charge shall ensure alongside the behavior Specialist that the recording of the positive reinforcement plan is more clear and precise in it's format for the staff team to document when the individual has completed or not completed a task this making it clearer for the individual to receive the reinforcer/reward from staff.</p> <p>The person In charge shall arrange a meeting with the Behavioral Specialist to discuss the findings of the report.</p> <p>The person In charge and the Behavioral Specialist will format a new recording document plan for recording of when a task is met or not met and reward/reinforcer is obtained by the individual.</p> <p>The person in Charge shall implement the new recording document and discuss the new recording document with the staff team.</p> <p>Person in Charge shall share the recordings with the Behavioral Specialist for the correlation of the reinforcer.</p> <p>The person In charge shall arrange a meeting with the Behavioral Specialist to discuss the recordings ensuring the updated document is reaching it's desired</p>	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Substantially Compliant	Yellow	31/08/2023