



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

## Issued by the Chief Inspector

Name of designated centre:	Stonehurst
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Carlow
Type of inspection:	Announced
Date of inspection:	25 November 2024
Centre ID:	OSV-0005463
Fieldwork ID:	MON-0039754

## About the designated centre

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

Stonehurst provides 24-hour care to adults with disabilities, both male and female, over the age of 18. The property is a four bedroomed, two storey house. It is located in a rural setting. It contains a kitchen/dining room, sitting room, conservatory and utility room. A converted garage to the side of the house offers a space which can be used as a day room and/or sensory room. A maximum of four residents will be accommodated at any one time. Each resident has their own en-suite bedroom. 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. Staff ordinarily involved in multi-disciplinary care include a psychiatrist, psychologist, occupational therapist, speech and language therapist and nurses. 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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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
Monday 25 November 2024	10:00hrs to 17:00hrs	Sarah Mockler	Lead
Monday 25 November 2024	10:00hrs to 17:00hrs	Linda Dowling	Support

## What residents told us and what inspectors observed

The purpose of this announced inspection was to monitor the designated centre's ongoing compliance with relevant regulations and standards and inform a decision on the renewal of the registration of the centre. The inspection took place over a one day period and was completed by two inspectors. Overall, the findings of the inspection indicated good levels of compliance with the regulations reviewed which was resulting in positive outcomes for the residents that lived in the centre.

The centre had capacity to accommodate four individuals for full-time residential care. At the time of inspection four residents were living in the home. The inspectors had the opportunity to meet with two residents and briefly observe staff interactions with a third resident. The fourth resident was on a family visit and did not arrive home during the inspection process.

In addition to meeting with residents, the inspectors spoke with the staff and management team and reviewed documentation in relation to the care and support needs of the residents in the home. The inspectors based themselves in the conservatory of the home so that they could hear and observe the daily routines of the residents.

On arrival at the centre the inspectors were welcomed into the centre by the person in charge. The Director of Operations was also present at this time. There were a number of staff present in the kitchen area and a resident was sitting at the kitchen table. The resident was happy to speak with the inspectors. The resident had recently moved into the centre. The resident happily conversed with the inspector and staff present. Later in the morning the inspector sat with the resident while they were having a hot drink and a snack. They spoke about spending time with the staff team watching preferred sporting activities on television, their upcoming plans for the week and activities they used to enjoy. Later in the morning the staff team and resident took part in an indoor version of a preferred sporting activity. It was evident the staff team were trying to get to know the resident and include their likes and preferences across the day to ensure they felt comfortable in their new home.

Later in the afternoon, a resident came down to speak with one of the inspectors. They mainly responded to questions by providing yes or no answers. When asked if they liked living in the centre they stated they did. The inspector asked about the new resident that had transitioned to the centre. The resident spoke about them and used their name and stated they were happy for the new person to move into the home.

As part of the inspection process the inspectors completed a walk around of the designated centre. The centre comprises a large detached two-storey home in a rural area in Co. Carlow. The house was surrounded by a very large well-kept garden area. Internally each resident had their own en-suite bedroom. The residents

had given permission for the inspectors to review their living spaces. Each bedroom was individually decorated with lots of personal items on display. For example the inspectors saw sports posters, photographs, musical instruments, hobby equipment, televisions, and gaming consoles in residents' bedrooms. A resident had requested a second bed in their room and this had been accommodated. In addition, residents had access to a kitchen-dining area, a sitting room, a separate games room, and a utility room. There had been a reduction in environmental restrictions in the home, recently the games room and areas of the utility room were unlocked and freely accessible to all residents. All parts of the home were clean and well maintained.

The designated centre was home for four young adults. Two residents attended day services in near-by towns. As one resident had only recently moved in the staff team were exploring what would be the best option for the resident in terms of day service provisions. One resident received a wrap-around service from the centre and would choose a daily activity and the staff team would facilitate this. On the day of inspection, one resident had left for their day service, and the inspectors saw two residents leave the home. One resident went for a walk and the other resident went out in the car. There were three vehicles at the centre to facilitate community access.

In advance of the inspection, residents had been sent Health Information and Quality Authority (HIQA) surveys. These surveys sought information and residents' feedback about what it was like to live in this designated centre and were presented to inspectors on the day of the inspection. Four surveys were returned to the inspectors. The feedback was very positive, and indicated satisfaction with the service provided to them in the centre, including; the staff, activities, people they live with, food and the premises. Residents' comments included; "I like living here", "the staff are nice and funny and make me laugh" and "I like my room as it has my favourite soccer team in it".

It was evident that the staff team were familiar with the needs of the different residents. For example, staff members were familiar with each person's dietary preferences and preferred pastimes. Residents were observed to be at ease among the staff members and enjoyed their company. A resident had opted to complete a step challenge as part of their healthy lifestyle and all residents and staff were taking part with this activity. Across the day of inspection residents and staff were heard discussing this challenge with each other. It was clear that a team effort was taken in relation to this challenge which was making it a enjoyable activity for all involved.

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

## Capacity and capability

Overall it was found that there was comprehensive and robust management systems within this designated centre which was driving a positive lived experience for the residents. 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 senior director of operations.

A review of a sample of rosters for the month of November 2024 indicated that there were sufficient staff on duty to meet the needs of the residents and ensure their health and social care needs were suitably supported. From reviewing the staff training records for the centre, the inspector found that staff were provided with training to ensure they had the necessary skills to respond to the needs of the residents.

The inspectors found, that overall care was provided to a high standard with the provider having clear systems in place to identify where improvements or change may be required and implementing changes to bring about improvements in relevant areas. The person in charge was found to have an in-depth knowledge of the residents' care and support needs.

### Registration Regulation 5: Application for registration or renewal of registration

The registered provider had submitted an application seeking to renew the registration of the designated centre to the Chief Inspector of Social Services. The provider had ensured information and documentation on matters set out in Schedule 2 and Schedule 3 were included in the application. This included submitting information in relation to the statement of purpose, floor plans and submitting fee to accompany the renewal of registration.

Judgment: Compliant

### Regulation 15: Staffing

The provider had ensured that a core staff team was present in the centre that was consistent and in line with the statement of purpose and the assessed needs of the residents. The staff team was found to be fully resourced and there were no current vacancies,. The provider spoke about plans of including a staff nurse into their team to support the needs of the residents. This person was recruited and due to start in the coming weeks.

There had been some changes to the staff team in recent months, for example the addition of two new employees and two transfers from another centre operated by the same provider.

Inspectors reviewed three staff personnel files and these were reflective of the necessary documents required under Schedule 2 of the regulations. For example, they all had up-to-date photo identification, complete employee history inclusive of two references and in-date Garda Vetting all stored on file.

There was a planned and actual roster in place, the inspectors reviewed the last six weeks of rosters and found them to be reflective of the staffing arrangements in place, they were up-to-date and staff were identified by their full name and grade.

Staff were observed to have a good understanding of the residents' needs and interests. Staff encouraged the residents to get involved in activities and plan their day in a positive manner. The team were aware of early signs of anxiety from residents and managed this as per the residents' behaviour support plan. From observations of staff interactions, it was evident they had the necessary skills to support the residents in an appropriate manner.

Judgment: Compliant

### Regulation 16: Training and staff development

There were systems in place for the training and development of the staff team. The inspectors reviewed the staff training matrix that was present in the centre. It was found that the staff team in the centre had up-to-date training in areas including safeguarding, medication management, fire safety and manual handling. New staff had received appropriate training and induction before commencing shifts within the centre.

All staff received one appraisal and two supervision meetings per year. The inspectors reviewed five staff supervision records and found them to be detailed and discussed the role of the staff member and areas for improvement.

Judgment: Compliant

### Regulation 22: Insurance

The service was adequately insured in the event of an accident or incident. The required documentation in relation to insurance was submitted as part of the application to renew the registration of the centre.

Inspectors reviewed the insurance and found that it ensured that the building and all contents were appropriately insured.

In addition, the insurance in place also covered against risks in the centre, including



injury to residents.

Judgment: Compliant

### Regulation 23: Governance and management

There were clearly defined management systems in the centre. The staff team reported to a social care lead who was the appointed person in charge in charge. The person in charge was supported by the service manager. The person in charge was supported in their role by two deputy team leaders. This ensured that the operational management of the service was completed in an effective manner.

The provider had in place a series of comprehensive audits both at local and provider level. For example, at local level, regular hand hygiene, finance and health and safety audits were completed. Action plans were implemented where risks were identified on these audits.

The provider had also completed regular six monthly audits of the quality and safety of care. The inspectors reviewed the most recent six monthly provider-led audit that was completed in early November 2024. 42 actions were identified in this audit. The audit was very detailed and focused on specific details in relation to care and support needs to ensure that effective quality improvement initiatives were captured and improved upon. For example, improvements were identified as needed in relation to maintaining resident asset lists, obtaining bank statements, and recording of the use of some restrictive practices. All these actions had been completed on the day of inspection.

In terms of the admission process a range of systems were in place to ensure that residents who availed of new placements in the centre were adequately supported. The inspectors reviewed the assessments completed for the new admission for the centre and found that they were detailed and ensured that adequate information was available to staff to best support the resident during this process. For example, all relevant known risks had a corresponding risk assessment in place.

Overall the systems in place were being utilised in an effective manner by the staff and management team.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

A part of the admission process the resident was provided with a contract of care. On review of the contract of care it was found to specify the terms in which the residents lives in the centre, including any charges that they were required to pay as

part of their service provision. It was evident that this contact had been discussed with the resident through a key working session and was signed by the individual. The contact of care and key working session also referred to Advocacy service available to the resident if they wish to avail of this.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider had submitted a statement of purpose which accurately outlined the service provided and met the requirements of the regulations.

Inspectors reviewed the statement of purpose and found that it described the model of care and support delivered to residents in the service and the day-to-day operation of the designated centre.

In addition, a walk around of the premises confirmed that the statement of purpose accurately described the facilities available including room size and function.

Judgment: Compliant

### Regulation 34: Complaints procedure

There were effective systems in place for the management and investigation of complaints. The residents and their representatives were supported to express any concerns or issues they may have. The complaints register was reviewed by the inspectors. All complaints that had been logged were now closed. Some complaints reviewed had referred to the dissatisfaction one resident had around another resident's behaviour. Overall appropriate steps had been taken to address these complaints. For example, this resident was supported with a transition to another centre.

Inspectors reviewed several comments which positively reflected the care and support offered to the residents by the staff team and management within the centre. For example, the inspector reviewed a comment from a parent of one resident which stated 'we couldn't be happier with the care they are receiving'.

Judgment: Compliant

## Quality and safety

From what inspectors observed, speaking with the residents, staff and management and from review of the documentation it was evident that good efforts were being made by the provider, person in charge and the staff team to ensure that residents were in receipt of a good quality and safe service. Residents were afforded good opportunities to engage with their community and complete activities of their choosing. Their home was warm and comfortable.

Inspectors completed a walk around of the centre with the person in charge. The designated centre was found to be bright and spacious and in a good state of repair. Residents personal items were seen throughout the home and were accurately recorded on their asset lists.

There were a range of systems in place to keep the residents safe, including risk assessments, safeguarding procedures and fire safety measures. The systems in place were utilised in an effective manner ensuring that adequate guidance was available for staff.

### Regulation 17: Premises

The premises was very well maintained and was in a good state of repair both externally and internally. On the walk around of the premises it was noted that residents had access to their own en-suite bedrooms and there was sufficient communal spaces available for residents to relax. Each bedroom had suitable storage in place, this allowed for residents to store their personal belongings. Each room was appropriately decorated to meet the needs and interests of the residents. In addition, one bedroom had recently been redecorated to reflect the wishes of a new resident. Their favourite colour was chosen as the wall paint.

The centre had converted a garage into a gaming room that all residents had access to, although was mainly used by one resident. They had their TV, gaming console and laptop available to them, along with toilet facilities and a couch. The gaming room was found to be kept clean and tidy.

Judgment: Compliant

### Regulation 20: Information for residents

The inspectors reviewed a resident's guide which was submitted to the Office of the Chief Inspector prior to the inspection taking place. This met regulatory requirements. For example, the guide outlined how to access reports following inspections of the designated centre.

Judgment: Compliant

### Regulation 26: Risk management procedures

Systems were in place to manage and mitigate risk and keep the residents safe in the centre.

There was a policy on risk management available and the residents had a number of individual risk assessments on file so as to support their overall safety and well being.

The inspectors reviewed the individual risk assessments in place for three residents and found that the measures in place suitability addressed the risk. For example, there were risk assessments in place in relation to safety while travelling in the car. This risk assessment was found to be updated after a recent incident in the car. Additionally, there was risk assessments for monitoring of contacts on mobile phones and use of gaming consoles. All risk assessments were reviewed by person in charge on a regular bases of sooner if required.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The inspectors reviewed three of the residents' assessments and personal plans and found them to be up -to -date and person-centred. They were detailed and it was clear from review of the plans residents' strengths and needs were clearly reflected.

Daily and weekly schedules and options to support choice making were available for all residents. Inspectors observed a conversation where a staff member was supporting the resident to make a decision about where they would like to go for a coffee. This was in line with the resident's support needs. For example, the staff member gave the resident some options and gave them time to process this information, the resident required prompting again and the staff facilitated this with ease.

For one resident, who as previously mentioned had only recently moved into the centre.there was also had a detailed care plan in place and evidence of information gathering prior to the transition. These plans gave clear direction on how to support them in line with their wishes and preferences.

Judgment: Compliant

## Regulation 6: Health care

For the most part residents were supported with their health care related needs and had access to range of health and social care professionals. Residents accessed general practitioners, dentists, chiropody and dieticians.

Hospital appointments were facilitated as or if required and health care plans and hospital passports were in place to guide practice.

Residents were supported to be involved in managing their own health care needs. For example, a resident with specific dietary requirements prepared their own food with staff support and where aware of their specific requirements in relation to this.

One resident, had a long standing history of refusing to attend health care related appointments. Documentation indicated that this was well discussed with the resident and relevant health and social care professionals. A specific program was to commence in the coming weeks around tolerating a medical test. This was the first step in ensuring that the resident was appropriately supported in this area. The measures taken so far to ensure the resident received the best possible access to health-care were deemed appropriate. However, continued focus from a multi-disciplinary approach would be required to ensure the resident was sufficiently supported.

Judgment: Compliant

## Regulation 7: Positive behavioural support

The person in charge reported that the staff team had the knowledge and skills required to support the residents in managing their behaviour.

Some residents had multi-element behaviour support plans in place that were regularly updated by the behaviour support specialist. The inspectors reviewed two plans and found that they detailed proactive and reactive strategies to support the residents' accordingly.

As previously mentioned there had been some reduction in the use of restrictive practices within the centre. This included the unlocking of two areas of the home. This was a very positive step in ensuring a least restrictive environment was in place at all times. One historical restrictive practice had not been appropriately reviewed in line with the residents' changing needs and age profile. The provider subsequently provided assurances that this was in the process of being reviewed with the hope of reducing it over the coming months.

Overall there were systems were in place to ensure restrictive practices were

reviewed and reduced as required.

Judgment: Compliant

### Regulation 8: Protection

The registered provider and person in charge had implemented systems to safeguard residents . For example, there was a clear policy and procedure in place, which clearly directed staff on what to do in the event of a safeguarding concern.

All staff had completed safeguarding training to support them in the prevention, detection, and response to safeguarding concerns. Staff spoken with were knowledgeable about their safeguarding remit.

In relation to financial safeguards there were robust systems in place including regular auditing and cross referencing expenditure with bank statements.

There were no open safeguarding plans on the day of inspection.

Judgment: Compliant

### Regulation 9: Residents' rights

Through the review of documentation, discussion with residents, staff and management it was evident that residents lived in a service that empowered them to make choices and decisions about where and how they spent their time.

Residents were observed responding positively and with ease towards how staff respected their wishes and interpreted their communication attempts. They were observed being offered choices in a manner that was accessible for them. Residents were at ease in staff presence and were seen to expressed their wishes freely. For example, the residents were at the centre of their person plans and it was evident from key working sessions they were involved in the development of these plans.

The inspectors found that residents meetings were happening in line with the providers policy. From review of the minutes they were found to contain information that related to how residents spent time.

Prior to a new resident moving into the centre existing residents were consulted about the change to their home. They were given the information and the opportunity to respond, they were also made aware they could come back and speak to staff individually at any point if they wished. Residents had access to independent advocacy service and this was offered in an accessible manner.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	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	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant