

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

Issued by the Chief Inspector

Name of designated centre:	Rivendell
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Carlow
Type of inspection:	Unannounced
Date of inspection:	10 April 2024
Centre ID:	OSV-0007758
Fieldwork ID:	MON-0042517

About the designated centre

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

Rivendell is a designated centre operated by Nua Healthcare Services Limited. It provides care and support for up to four adults whom require support with autism, intellectual disabilities, borderline personality disorders and/or individuals who exhibit behaviours that challenge. The centre is a two storey building comprising of four individual self-contained apartments located in a rural area of Co. Carlow. The centre has access to a variety of local amenities including hairdressers, a library, local parks, a community centre, horse riding centre, GAA clubs, and a selection of restaurants and social groups. The staff team consists of social care workers and support workers. The staff team are supported by a person in charge.

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
Wednesday 10 April 2024	08:20hrs to 16:45hrs	Sarah Mockler	Lead
Wednesday 10 April 2024	08:20hrs to 16:45hrs	Tanya Brady	Lead

What residents told us and what inspectors observed

This unannounced risk based inspection was completed to follow up on assurances submitted by the provider following poor regulatory findings on an inspection that occurred in October 2023. The findings of the current inspection indicated that residents' access to safe services had improved. The provider was putting a focus on and working towards, improving residents' rights within the centre while balancing the need to use restrictive practices. A number of positive improvements were noted, however, due to the the complex presentation of residents and associated behaviours of concern, risk management was an area that required significant input, management and review on a continuous basis. Some areas of improvement were required as outlined in Regulation 26 to ensure that all residents were safe and well supported at all times.

Two inspectors completed the inspection which was facilitated by the person in charge. Both inspectors met with the four residents that lived in the centre and reviewed their living arrangements. This supported inspectors to gather a sense of what it was like to live in the centre. In addition to meeting residents, the inspectors completed a walk around of the premises, spoke with staff and reviewed documentation in relation to specific aspects of care and support.

On arrival at the centre, the inspectors were met by a support worker who spoke with the inspectors in the office. They described the recent changes in local management structure, the enhanced safety measures that had been implemented in relation to one resident and activities that were planned for each of the residents across the day. The staff spoke around some ongoing safeguarding concerns and the measures that had gone in to keep everyone safe. Later in the morning the staff handover was observed in the office. Incidents, restrictions, and the day-to-day running of the centre were discussed with the staff at this time.

As part of the inspection process the inspectors visited two residents in their individual apartments and met with two residents in the communal areas of the home. This was the first inspection of the centre whereby residents were observed to be using the communal areas of the home. This was a very positive step in ensuring residents were accessing all parts of the centre.

The centre comprises a large two-storey detached building in a rural area in Co. Carlow. The property has been sub-divided into four individual apartments. In each apartment there was a open plan kitchen/dining/living room, an individual bedroom and bathroom facilities. In the last couple of months there had been an emphasis on ensuring the apartments were decorated in line with residents' preferences. The inspectors noted a number of improvements such as bedrooms recently painted and more personal items and pictures on display. One apartment was observed as requiring more input and maintenance to ensure that it was presented in good condition and this had also been identified by the provider. For example, the

provider had identified that the entire bathroom needed replacement.

The first resident the inspectors met with was sitting in their individual apartment. Two staff accompanied the inspectors for this visit. The resident was sitting on the couch. They were up and dressed for the day and were looking forward to visiting Dublin Zoo later in the morning. The staff were supporting them in getting a plaster for their foot before they completed putting their sock and shoe on. They appeared in very good form and freely spoke with the staff present. When asked if they like their apartment they stated yes. They were planning what warm clothes to bring for the day with the staff and snacks they would buy while they were out and about. The resident readily engaged in conversation type interactions, however, the clarity of their speech was difficult for unfamiliar people to decipher. Staff readily understood all conversations the resident took part in and had no difficulty with the residents' communication style. This indicated that staff were familiar with the resident.

Later in the morning the inspectors visited a second resident in their apartment. They had plans to go to a support group in a hotel and complete some personal shopping. The resident waved at the inspectors as they passed their living room window. When the inspectors entered the apartment the resident was choosing to get back into bed. They stated they were tired. Two staff members were in the resident's bedroom at this time. This level of staffing was in place to ensure the residents safety. The inspectors respected the residents choice to go back to bed and asked permission to look around the rest of the apartment. The resident had a number of restrictive practices in place and the apartment was designed to ensure the resident was kept as safe as possible. The residents bathroom was in a very poor state of repair and was due for renovation in the coming weeks. The resident was observed to leave the apartment later in the day and travel in the care with staff support.

Later in the afternoon, both inspectors went into the communal area on separate occasions. They observed two residents sitting together watching a music program on the television. Some staff were sitting with residents while others in and out of the kitchen area. There was a relaxed atmosphere at this time with staff and residents chatting with each other. One resident had been supported to bake buns and they were getting ready to have a cup of tea with these. This resident went to their apartment which was adjacent to the kitchen. They could move between their apartment and the kitchen freely at the time. The inspector asked if they could enter their apartment and went as they looked for their favourite mug. The inspector observed that previously locked doors were now open and the apartment was personalised and welcoming. The resident had free access to their garden area if they wished and there was a trampoline and other items present for the resident to enjoy. The second resident was watching a music concert at the time and asked the inspectors opinion on the music playing. The inspector observed both residents enjoying each others company, laughing together and engaging in singing along with the music.

When the second inspector later visited the communal area both residents were still present and relaxing in this space. One resident gave permission for the inspector to

review their apartment which was on the first floor. They accompanied the inspector, with a staff member to complete this. Everyone left the communal area and staff and residents could access the hall and the communal area freely as the key pad lock had been deactivated. The staff member was seen to assist the resident with using the key code to access their apartment. The resident had the apartment presented in a very neat and organised manner in line with their specific preferences. The resident had an interest in music and showed the inspector their music collection, sang songs and spoke about important memories around music with family members. They appeared content and frequently laughed. Although they had no plans to leave the centre on the day of inspection they had recently been introduced to new activities that they recently enjoyed. This included attending education based courses in one of the provider's main offices.

Overall, it was found that there were improved levels of compliance across the Regulations reviewed was translating into safer care for all residents. The provider had self-identified areas of improvement and they had action plans in place to ensure all aspects of care and support met the requirements of regulations. The next two sections of the report present the inspection findings in relation to the governance and management arrangements in the centre, and how these arrangements impacted on the quality and safety of residents' care.

Capacity and capability

A risk based inspection occurred in October 2023 following notifications of concern in relation to a resident's safety. The findings of the inspection in October indicated that there was poor oversight and management of some incidents and poor management of risks. Inspectors found that these deficits had led to residents' safety and welfare being compromised in this centre. Following the inspection the provider had submitted a compliance plan outlining a number of actions that were to be taken to bring the centre back into compliance with the Regulations. The purpose of the current inspection was to review these actions and determine if they were having an impact on the lived experience of residents living in the centre.

The findings of the current inspection indicated that a number of actions had been taken by the provider. This included the stabilisation of the staff team with less relief staff being utilised, enhanced communication with the staff team, up-skilling the staff team through specific training programs and improved on-site oversight from management and multi-disciplinary teams (MDT). The provider had recently completed six-monthly visits and annual reviews in line with the Regulations which identified a number of deficits in the level of care that was being provided. This also demonstrated that the provider was identifying areas of improvement. Action plans were in the process of being implemented to ensure that the centre would come into compliance with regulations.

Regulation 16: Training and staff development

The inspectors found that the provider and person in charge had placed an emphasis on staff development since the last inspection of the centre. Mandatory training was provided as required on an ongoing basis however, this was not reviewed in detail during the current inspection.

The provider had provided resident specific training in relation to one resident including an understanding of diagnoses that may be in place. This training as it related to a second resident was scheduled in the next few weeks. The inspectors found significant improvements in staff knowledge that was specific to individual residents and their assessed needs. In addition centre specific training was identified and provided such as Lámh (a manual signing system) or mental health awareness training.

The person in charge demonstrated opportunity to practice skills with the staff team during handover and there was evidence of reflective practice and on-the-floor mentoring and support. Staff were signing to indicate they had read resident specific documents and completed training.

All staff had now received formal supervision and support since the last inspection and a system had been implemented to ensure these were scheduled in line with policy moving forward.

Judgment: Compliant

Regulation 23: Governance and management

There had been a change in the local management team since the last inspection of the centre with a new person in charge in place and changes in deputy team leader positions. There remained a clear management structure with lines of authority and accountability familiar to all staff.

The inspectors found that the provider's systems were now being consistently and effectively implemented and that these were identifying areas for improvement. Detailed action plans were devised on the outcome of the audits and there was evidence of progression against these actions. This effective identification of actions through the use of the provider's systems was seen to have resulted in an improvement in the quality of care and support provided to the residents.

As already stated under Regulation 16 staff knowledge had improved and there was also improved staff morale and knowledge with the inspectors finding improved communication systems within the centre. These included a detailed and longer handover period, detailed staff meetings, more face to face supervision and support

and staff responsibilities and delegated duties clearly outlined.

The provider had improved the detail in their environmental checklists and there was external oversight of their daily and nightly notes system. The provider had completed their own audits of the service provided including a six monthly unannounced visit report since the last inspection and this was found to be detailed and clear actions arose from this.

Judgment: Compliant

Quality and safety

Inspectors found that residents were supported and encouraged to engage in activities of their choosing and to have a good quality of life. There was evidence of consultation and residents had access to healthcare services and opportunities for social engagement. Improvements were required in risk management.

A number of improvements had been made to the centre premises since the last inspection these included repairs, decoration and reduction or removal of some restrictions. Apartments for individual residents contained more personal items where appropriate or requested and this contributed to a more homely environment.

Regulation 13: General welfare and development

It was evident that positive changes had been made in the centre and that residents were supported to participate in activities in accordance with their interests. Residents had access to their own transport and staffing allocations meant that residents could get out each day to areas of their choice. One resident was engaging with the provider's outreach department to seek education and had engaged with some courses already.

The staff team had devised daily and weekly planners and activities were regularly offered to residents. On the day of inspection for example, one resident went to the Zoo and another was supported to bake at home. Residents attended music groups and went out for drives or visits to the shops.

Judgment: Compliant

Regulation 17: Premises

This centre comprises a large detached house in a rural location with ample parking and external space. The residents have access to secure and private outdoor spaces. Internally the premises is divided into four individual apartments which as stated have an open plan kitchen-dining-living room, a bedroom and bathroom. In addition to the apartments there are some communal areas in the house such as a large kitchen-dining room and small living area attached to this.

The inspectors found that the premises and the apartments had a more homely and personalised presentation since the previous inspection of the centre. Some areas had been painted in colours selected by residents and there had been a move to displaying more personal items if this was a resident's preference. The centre was found to be clean and in a good standard of repair.

Some areas continue to require review however, including one apartment that required significant refurbishment of a bathroom and improvement in decor. This had however, been identified by the provider, was recorded on their oversight system and prioritised for completion. Where specific furnishings were required such as curtains these had been ordered.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had a risk management policy in place which met the Regulatory requirements. There were risk management systems in place to ensure that risks were identified, assessed, managed and reviewed, including a system for responding to emergencies.

Each resident had their own individual risk management plans in place which identified control measures for staff to follow in order to minimise the impact of these risks. The inspectors found however, that there was inconsistent decision making around risk for one resident in accessing the community. Substantial review of risk had been determined as required in advance of a resident accessing a community location and for the most part this was found to be comprehensive in nature. Due to the assessed high level of risk for the resident when in public locations their access to the community was limited and carefully controlled. In one instance however, the resident was accessing a location in the community for the purpose of attending a support group and the centre management team had not completed any review of risk in advance of this. Although no incidents had occurred to date and this was a positive step for the resident, the provider was not consistently implementing their risk management procedures in relation to this aspect of community access.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

The provider had a number of policies in place to guide staff practice in relation to managing complex behaviours. These included a behaviour management policy and procedure, procedures on the use of restrictive procedures and policy and procedure on the use of safety interventions. Residents in this centre presented with complex behaviour support needs.

Residents had access to psychiatry, psychology and behaviour support as required. It was found that there was a decrease in the remote monitoring that had been in place with now a face-to-face in person review taking place. This had enhanced the individualised programmes that were in use and ensured that reviews of strategies used were specific to residents' assessed needs. From the behaviour support plans reviewed it was evident they were being updated on a frequent basis to ensure they were effective in supporting the staff and residents.

In the centre there was a high level of restrictive practices in place. These were deemed necessary to ensure all residents' safety at all times. There was also restrictions in place in terms of community access for some residents with the centre. The provider had identified that restrictive practices, while deemed necessary, had the potential to impact on residents' rights. A risk assessment was in place regarding this and regular reviews of restrictive practices were occurring.

Following provider reviews of restrictive practices in conjunction with members of the MDT team, there had been some reduction in the number of restrictive practices that had been in use in the centre since the last inspection. For example, a number of doors that had been on a key pad lock were now deactivated, residents were using the communal spaces of the home, and staff support on a 24 hour basis in relation to one resident had been reduced.

Judgment: Compliant

Regulation 8: Protection

The provider and person in charge had systems in place to keep residents safe. Inspectors found that where safeguarding concerns were identified these were documented, reported and investigated in line with national policy and notified to the Office of the Chief Inspector within required time lines.

A safeguarding log was in place in addition to a centre-specific safeguarding report/plan. This report outlined potential vulnerabilities in the centre and control measures in place. There was evidence that some complaints received from residents were following review processed in line with safeguarding procedures and the residents were kept informed of outcomes in writing.

A sample of intimate and personal care plans were reviewed and found to be suitably detailed to guide staff practice and to ensure that residents' rights to privacy and bodily integrity were upheld.

The previous inspection had identified actions were required in the management of some residents personal possessions including finances. The inspectors found that the provider had taken positive steps to protect residents. Residents were supported to control and retain access to their personal possessions in line with their individual risk management plans and court directions. Residents' money management skills and required levels of support were assessed and a money management plan was in place for each resident. Statements from accounts were now in place that were current and the provider's systems included regular reconciliation of receipts against statements. This provided assurance that residents' finances were protected at all times.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Rivendell OSV-0007758

Inspection ID: MON-0042517

Date of inspection: 10/04/2024

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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <ol style="list-style-type: none"> The Person in Charge shall liaise with the Multi-Disciplinary Team (MDT) and complete a comprehensive risk assessment regarding the aforementioned Individual accessing the community to ensure that all risks are clearly identified, evaluated, monitored and reviewed in line with Nua’s Individual Risk Management Policy [PL-OPS-012]. This will reflect adequate controls measures taken, which are proportionate to the risks identified and where reasonable and practicable are effective in reducing the identified risk to their lowest level possible. <p>Note: This risk assessment was completed and agreed upon by the MDT. In conjunction with this, a comprehensive restriction reduction plan and phased community access plan has also been agreed upon and has been implemented.</p> <p>Completed: 17 April 2024</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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
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	17/04/2024