



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:	Announced
Date of inspection:	12 July 2024
Centre ID:	OSV-0003379
Fieldwork ID:	MON-0035190

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 and staff are available to support residents both during the day and at night.

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
Friday 12 July 2024	10:15hrs to 17:30hrs	Jackie Warren	Lead

What residents told us and what inspectors observed

This inspection was carried out to monitor the provider's compliance with the regulations relating to the care and welfare of people who reside in designated centres for adults with disabilities. As part of this inspection, the inspector met with the residents who lived in the centre and observed how they lived. The inspector also met with the person in charge, a deputy manager and staff on duty, and viewed a range of documentation and processes.

The residents who lived in this centre had a good quality of life, had choices in their daily lives, were supported to achieve best possible health and, were involved in activities that they enjoyed. The person in charge and staff were very focused on ensuring that a person-centred service was delivered to these residents. Throughout the inspection it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents. Staff were observed spending time and interacting warmly with residents, supporting their wishes, ensuring that they were doing things that they enjoyed, offering meals and refreshments, and going out in the local area. Residents had good involvement in the local community and took part in leisure activities that they enjoyed. Residents frequently went for walks in woodlands and at beaches, went for meals out and picnics and went to other places for days out and lunch. As this was a home based service, residents had the flexibility to take part in activities in the centre and in the local community, and some liked to attend some day service activities. Residents were out and about on the day of inspection, but while in the centre residents were observed doing activities that they enjoyed such as art and baking and playing football in the garden.

The inspector met with four residents who were present in the centre during the inspection. Residents who lived in Hempfield required support with communication, and did not verbally discuss their views on the quality and safety of the service with the inspector. However, they were observed to be at ease and comfortable in the company of staff, and were relaxed and happy in the centre. Processes were in place to support residents and staff to communicate with each other. Information was made available to residents, including pictorial meal plans, staff on duty, the management team, and the complaints process.

It was evident that residents were involved in how they lived their lives in the centre. Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation and from information supplied by others who knew them well. This information was used for personalised activity planning.

Hempfield was a detached rural house which met the needs of residents. It was warm, clean and suitably furnished and equipped. The building had been modified to provide individualised accommodation for one person who preferred this living arrangement. Each resident had their own bedroom, and these were comfortably

furnished and personalised. The centre was located in a rural area but was close to both a village and a busy rural town and this location gave residents good access to a wide range of facilities and amenities, such as restaurants, sports facilities and, the library.

It was clear from observation in the centre, conversations with residents and staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community.

The next sections of this report present the inspection findings in relation to the governance and management in the centre and, how governance and management affects the quality and safety of the service and quality of life of residents.

Capacity and capability

The provider's management arrangements ensured that a good quality and safe service was provided for residents who lived in this centre, and that residents' quality of life was well supported. There were strong structures in place to ensure that care was delivered to a high standard.

There was a clear organisational structure in place to manage the service. There was a suitably qualified and experienced person in charge who worked closely with staff and with the wider management team. The person in charge was supported by two managers who were based in the centre and worked alongside the person in charge in the day to day running of the service. They also deputised when the person in charge was not on duty which ensured that there was management cover in the centre at all times. The person in charge was very familiar with the running of the service and knew the residents well. Throughout the inspection, the person in charge was very knowledgeable of the provider's processes, their regulatory responsibility, and residents' support needs.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included appropriate levels of suitably recruited staff, comfortable accommodation, and transport vehicles for residents' use. The provider had also ensured that the centre was suitably insured and there was a current insurance policy in place. There were sufficient staff on duty during the inspection to support residents to take part in the activities that they preferred, and to ensure that each resident had individualised care and support.

The provider had developed a written statement of purpose which described the purpose and function of the service. Details of the service provided was also stated in a residents' guide which was available to provide this information to residents. A complaints process had also been developed, and information was available to

support any resident to make a complaint or raise a concern if they were not satisfied with any aspect of the service. There were arrangements in place for the management of complaints and a policy to guide practice.

Registration Regulation 5: Application for registration or renewal of registration

The prescribed documentation and information required for the renewal of the designated centre's registration had been submitted to the Chief Inspector of Social Services. The inspector reviewed this documentation and found that it had been suitably submitted. Some minor amendments were required to the statement of purpose and the residents' guide and these were promptly addressed.

Judgment: Compliant

Regulation 14: Persons in charge

The provider had appointed a person in charge of the designated centre. The role of the person in charge was full-time. The inspector read the information supplied to the Health Information and Quality Authority in relation to the person in charge and this indicated that they had the required qualifications and experience for this role. Throughout the inspection, the person in charge was very knowledgeable regarding the individual needs of each resident who lived in the centre, and was also knowledgeable of their regulatory responsibilities. It was clear that the person in charge was very involved in the running of the service and was well known to residents. The person in charge worked closely with the wider management team, staff and two supporting managers who were based in the centre.

Judgment: Compliant

Regulation 15: Staffing

The provider had ensured that appropriate staffing levels were being maintained in the centre and that staff had been suitably recruited. The inspector reviewed a sample of staff rosters and found there was a planned and actual roster maintained with the number and skill mix of staff appropriate to the assessed needs of residents. A review of the rosters indicated that consistent staff were being allocated to support residents. Residents appeared comfortable with staff and staff were very familiar with residents' needs. A sample of three staff files were reviewed during the inspection. They were found to contain the information and documents specified in Schedule 2 of the regulations.

Judgment: Compliant

Regulation 22: Insurance

The provider had ensured that the centre was suitably insured. The inspector viewed the centre's insurance policy which was up to date at the time of inspection.

Judgment: Compliant

Regulation 23: Governance and management

There were effective governance arrangements in place to ensure that the centre was well managed and that a high standard of care, support and safety was being provided to residents. The service was subject to ongoing monitoring and review. This included auditing of the service in line with the centre's audit plan, six-monthly unannounced audits by the provider, and an annual review of the quality and safety of care and support. The inspector viewed these audits, all of which showed a high level of compliance. An organisational structure with clear lines of authority had been established to manage the centre. Arrangements were also in place to support staff and to manage the service when the person in charge was not on duty.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These resources included the provision of suitable, safe and comfortable accommodation and furnishing, transport, access to Wi-Fi, television, and adequate staffing levels to support residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were written agreements in place for the provision of services for residents. The inspector read a sample of service agreements and found that they included the required information about the service to be provided.

Judgment: Compliant

Regulation 3: Statement of purpose

The provider had developed a statement of purpose for the service. The inspector read the statement of purpose and found that it described the service being provided to residents, included the information required by the regulations and was available to view in the centre. There were some minor adjustments required to the statement of purpose but these were promptly addressed by the person in charge and an updated version was supplied to the Chief Inspector of Social Services. The person in charge was aware of the requirement to review the statement of purpose annually.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers being used in this service.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints process in the centre to enable residents or their representatives to raise any complaints or concerns. The inspector viewed the complaints process and found that it met the requirements of the regulations. The inspector saw that there was a complaints policy to guide practice, a complaints procedure which was clearly displayed in the centre and, a complaints register.

Judgment: Compliant

Quality and safety

Based on these inspection findings there was a high level of compliance with regulations relating to the quality and safety of care and the provider ensured that residents received a person-centred service. The management team and staff in this service were very focused on maximising the independence, community involvement and general welfare of residents who lived there. The inspector found that residents were supported to enjoy activities and lifestyles of their choice and, that residents' rights and autonomy were being supported.

As this was a home-based service, staff were available to support residents at all times throughout the day. This gave residents the opportunity to take part in a range of activities in their home, and in the community. Throughout the inspection,

the inspector found that residents' needs were supported by staff in a person-centred way. Residents were involved in a range of activities such as shopping, day trips, attending entertainment events and sporting activities and, going out for something to eat. Residents' contact with family and friends was also being supported in line with their preferences.

Residents' human rights were being well supported by staff and by the provider's systems. Throughout the inspection, the inspector found that residents' needs were supported by staff in a person-centred way. Information was supplied to residents through ongoing interaction with staff and the person in charge. Suitable communication techniques were being used to achieve this. Residents could choose whether or not they wanted to vote or to partake in religion and were supported to take part in these at the levels that they preferred. Staff supported residents' involvement in community activity and also supported residents to keep in contact with their families.

The centre suited the needs of residents, and was comfortable, well decorated and suitably furnished. All residents had their own bedrooms which were decorated to their liking. The centre was maintained in a clean and hygienic condition throughout. There was a spacious garden surrounding the house where residents could take part in outdoor activities.

Comprehensive assessments of the health, personal and social care needs of each resident had been carried out and were recorded. Individualised personal plans had been developed for all residents based on their assessed needs and residents' personal goals had been agreed at annual planning meetings.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of health care. All residents had access to a general practitioner and were supported to attend annual medical checks. Other healthcare services available to residents included psychiatry, psychology and behaviour support therapy which were supplied directly by the provider. Nursing support was available through the organisation as required. Reports and information from healthcare professionals were available to guide staff in the delivery of appropriate care. Staff supported residents to achieve good health through ongoing monitoring of healthcare issues, and encouragement to lead healthy lifestyles and take exercise. None of the residents were currently eligible to avail of national health screening programmes.

Residents' nutritional needs were well met. Well-equipped kitchen facilities were available for the storage, preparation and cooking of residents' food and suitable foods were made available to meet each residents' assessed needs and preferences. Residents could take part in grocery shopping and food preparation at a level that suited their assessed needs.

The provider had also put measures were in place to respond to behaviour that is challenging. There were procedures, such as documented support plans and involvement of a behaviour support specialist, to support residents to manage behaviours of concern.

Regulation 10: Communication

The provider had ensured that residents were supported and assisted to communicate in accordance with their needs and wishes. The inspector read a range of information which had been developed to guide staff and support residents to communicate. Communication passports, which outlined required individual communication supports, had been developed as required for residents. Television, radio, internet and user-friendly pictorial aids were provided for residents in the designated centre. There was an up-to-date policy to guide practice.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were being supported to take part in a range of social and developmental activities both at the centre and in the local community. Suitable support was provided for residents to carry out these activities in accordance with their individual choices and interests, as well as their assessed needs. Residents were being supported by staff to be involved in activities that they enjoyed, including sports such as snooker, swimming and horse riding, exercise classes, discos, going for walks, outings, drives to places of interest, and visiting their families. Residents could take part in household tasks, such as laundry, recycling and food preparation at a level that suited them. Residents also had opportunities to take part in everyday community activities such as shopping, going to the library and cinema, and eating out.

Judgment: Compliant

Regulation 17: Premises

The design and layout of the centre met the aims and objectives of the service, and the needs of residents. During a walk around the centre, the inspector saw that the house was well maintained, clean and comfortably decorated. The house was spacious and was laid out to ensure that each resident had adequate communal and private space as required. There were gardens to the front and rear of the house, where residents could spend time outdoors and take part in activities that they enjoyed such as using swings and playing ball. There were laundry facilities for the resident to use and there was a refuse collection provided by a private contractor.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' nutritional needs were being supported. The centre had a well equipped kitchen where food could be stored and prepared in hygienic conditions. The inspector saw that weekly menu plans were developed with residents but these were flexible based on each residents preference on the day.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured that information was provided to residents. There was a residents' guide that met the requirements of the regulations. The inspector read this document and found that it had been developed in both regular and easy-to-read formats and met the requirements of the regulations. Other information that was relevant to residents was also provided in user friendly formats in the centre. This included photographic information about staff on duty at each shift, of managers involved in the centre and, the complaints officer.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Comprehensive assessment of the health, personal and social care needs of residents had been carried out and, individualised personal care plans had been developed for each resident based on their assessed needs. The inspector viewed a sample of two residents' personal plans and found that these had been developed with input from the provider's multidisciplinary team. Meaningful personal goals had been developed for each resident. Staff who spoke with the inspector were very familiar and knowledgeable about residents' personal plans and how achievement of their goals was progressing.

Judgment: Compliant

Regulation 6: Health care

Residents had access to medical and healthcare services to ensure their wellbeing. The inspector viewed resident's healthcare files which included records of medical assessments and appointments. Records viewed indicated that residents could visit general practitioners and medical specialist consultations as required. Residents also had access to allied healthcare professionals within the organisation and appointments and assessments were arranged as necessary. The inspector also saw records of monthly health monitoring such as blood pressure and temperature checks carried out by staff. There was a nurse in the organisation available to provide clinical support and review of residents as required. Residents also attended community based appointments for their welfare, including reviews and treatments by chiropodists, opticians and dentists.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had suitable measures in place for the support and management of behaviour that challenges. The inspector saw that there were procedures to support the resident to manage behaviours of concern. There were clear and up-to-date support plans which had been developed with multidisciplinary involvement. These were being regularly reviewed by appropriate professionals and were being updated as required. A behaviour support therapist called to the centre every two weeks to support residents. Staff had received behaviour support training and there was a policy to guide practice.

Judgment: Compliant

Regulation 9: Residents' rights

The provider had systems in place to support residents' human rights. It was clear that residents had choices around how they spent their days. Throughout the inspection, the inspector saw that each resident had choice and control in their daily life.

Residents were included in decision making in the centre and communication aids, such as social stories and pictorial cues, were used as required to support decision making and activity planning. It was observed throughout the inspection that each resident was being supported in an individualised way to take part in whatever activities or tasks they wanted to do. Residents were encouraged to be as independent as possible, Capacity assessments had been carried out for medication and financial management and these were being managed accordingly.

The provider had an advocacy process in the service and external advocacy services were also available to residents in the event that they wished to avail of these services at any time. All staff had taken part in training in human rights and FREDA (fairness, respect, equality, dignity and autonomy) principles. They explained that they had found the training very interesting, but that it had not given rise to changes in how they supported residents, as there had always been a human rights focus on the care delivered in the centre. They said that the care they provided was all about rights and choices.

Residents' religious and civil rights and preferences were being respected. Each resident chose how they preferred to practice religion and these choices were supported. The person in charge confirmed that residents were registered to vote and had the option of voting during referenda and elections. Staff had carried out key working information sessions about voting with residents but residents had opted not to exercise their rights to vote.

Comfortable accommodation was provided for residents. Each resident had their own bedroom, and there was adequate space, which ensured that residents could enjoy privacy. The centre was nicely furnished and bedrooms were personalised to each person's taste. Adequate transport and staff support ensured that each resident could take part in individualised activities and outings.

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	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 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 9: Residents' rights	Compliant