



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

## Issued by the Chief Inspector

Name of designated centre:	Cara House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Laois
Type of inspection:	Announced
Date of inspection:	25 March 2024
Centre ID:	OSV-0005199
Fieldwork ID:	MON-0042864

## About the designated centre

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

This designated centre is operated by Nua Healthcare Services Ltd. The centre can provide residential care for up to five male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre comprises of one two-storey house, located a few kilometres from a town in Co.Laois. Residents have their own en-suite bedroom, shared bathroom and communal use of a kitchen and dining area, two sitting rooms, utility and staff office. A large rear and front garden is also available for residents to use as they wished. Staff are on duty both day and night to support the residents who live here.

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

Number of residents on the date of inspection:	5
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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 March 2024	09:50hrs to 15:20hrs	Anne Marie Byrne	Lead

## What residents told us and what inspectors observed

This was an announced inspection carried out to assess the provider's compliance with the regulations. The day was facilitated by the person in charge and their line manager, and the inspector also had the opportunity to meet with various staff members and with four of the residents who lived in this centre. Of the regulations inspected against as part of this inspection, the provider was found to be in full-compliance with these.

This centre was home to five young female residents who were all, in and around, the same age. They had all lived together for a number of years and got on very well together. Each were assessed as requiring at a minimum, one-to-one staff support, with some requiring two-to-one support, when out in the community or when going on overnight stays. All were well at the time of this inspection, with most requiring staff support with their social care, some aspects of behavioural support, with others requiring more specific support relating to their personal risk management.

The designated centre comprised of one large two-storey house, located in a rural setting, a few kilometres from a town in Co. Laois. Each resident had their own en-suite bedroom, and access to communal areas to include, two sitting rooms, a kitchen and dining area, utility, bathroom, and there was also a staff office and sleepover room. Rooms were spacious, bright and tastefully decorated. There were also large and well-maintained grounds, which included, a secure back garden that contained planting, seating, a shed and trampoline for residents to avail of, if they so wished. In preparation for upcoming Easter celebrations, the centre had been decorated with festive lighting and decorations, and photographs of residents engaging in various activities were also proudly displayed in communal areas. Overall, this was a very comfortable and homely environment for these residents to reside in.

Upon the inspector's arrival, they were greeted by the person in charge and their line manager. In the kitchen area, some staff had gathered and were chatting freely with one of the residents about the plan for the day. There was a pleasant and relaxed atmosphere in the house, with some residents up and about, while others were in their bedroom taking time to prepare for their day. The resident who was in the kitchen, greeted the inspector and told her that they were getting ready to leave to go to a boxing class. They said this was something they really enjoyed, and had a tattoo of boxing gloves on their arm as a tribute to their love of the sport. This particular resident brought the inspector down to see their bedroom, which was tastefully decorated and provided them with ample space to display items of interest to them. They had a feature wallpapered wall and spoke of how they were in the process of choosing another wallpaper to re-decorate their bedroom with. In keeping with their interest in boxing, they had hung a punching bag in their bedroom and had also displayed some artwork that they had completed. The resident told the inspector that they previously held a commitment ceremony with

their partner, and had a beautifully presented token frame in their bedroom in memory of this significant life event. This resident had a keen interest in healthy eating, and had their own fridge and freezer in an adjoining room, to store their own food items. They said they liked to prepare and cook their own food, and often liked to help out staff with various household duties. Later on in the day, when this resident returned from their class, they took time to relax with staff in the sitting room, before planning the rest of their evening. Over the course of the day, the inspector also met briefly with three other residents. One of these residents was being supported by their staff in the sitting room and due to their assessed support needs, they didn't engage with the inspector. The other two residents also briefly said hello to the inspector, before they both headed out with staff for the afternoon.

Due to the age profile of these residents they led very active lifestyles, and staff endeavoured to provide a variety of social activities for them, so as to promote good quality social care. These residents liked to get out and about most days, with some enjoying going shopping, swimming, going to the cinema, having lunch out, going for coffee and heading on nearby walks to feed ducks. Some had personal relationships and they were supported by staff to meet with their significant other, when they wished. Each resident did need a certain level of staff support to be able to enjoy these activities, and this was consistently provided to them. Many were also eager to participate in training courses to enhance their various life skills. At the time of this inspection, the provider was in the early stages of opening new day services, which some of these residents intended to avail of. In the meantime, staff who spoke with the inspector, said they were exploring some drama courses that some of these residents might like to attend.

The on-going assessment of residents' needs was an active part of the care provided in this centre. Some residents were identified with specific personal safety risks, and these were well-documented, well-known to staff, and were also subject to on-going review by the provider and multi-disciplinary teams.. Previous incidents in relation to these, had been responded to by the provider in a timely manner, with new control measures having been put in place in recent months. Fundamental to the effectiveness of the implementation of these, was the consistency of staff provided in this centre. Many of these staff had supported these residents for quite some time and knew them, and their assessed needs very well. The use of relief and agency staff was minimal, which had a positive impact for residents and on the continuity of care that was provided to them in this centre.

Over the course of the inspection, there were many good areas of practice observed, and it was clear that this was very much a resident-led service. Interactions between staff and residents were respectful, playful and kind, and it was obvious that residents were comfortable in the company of the staff that were on duty.

The specific findings of this inspection will now be discussed in the next two sections of this report.

## Capacity and capability

Overall, this was a well-run and well-managed centre that ensured residents received a good and safe quality of service. Following on from the last inspection of this centre in April 2022, the provider had addressed the areas of improvement which were identified. This inspection found the provider to be in compliance with the regulations they were inspected against.

The person in charge was newly appointed to the role in recent months, and was very familiar with the assessed needs of these residents, and with the operational needs of the service delivered to them. They met regularly with these residents and with their staff team, and were being supported in their role by their line manager. There was good consistency of staff maintained in this centre, with one-to-one staff support, at a minimum, provided throughout the day for each resident. At night, two waking staff members and a sleepover staff were on duty, and these day and night time staffing levels were maintained under on-going review, to ensure these arrangements continued to be adequate in meeting the assessed staff support needs of these residents.

The on-going presence of a member of management in this centre, was integral to the effectiveness of the provider's oversight and monitoring systems for this centre. On-call management arrangements were also in place, should a staff member require senior management input during out-of-hours. Along with internal audits and incident reviews, six monthly provider-led audits were also being completed. These reviewed various aspects of the service delivered to residents and any issues identified through this system, were quickly addressed by the provider. For example, in recent times, some administrative errors were found in relation to medication management, which resulted in the provider putting in place a centre specific protocol for staff to adhere to, which had satisfactorily rectified this issue.

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

At the time of this inspection, the provider had satisfactorily submitted an application to renew the registration of this centre.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge held a full-time role and was based at the centre. This allowed them to regularly meet with residents and with their staff team. They were

supported in their role by their line manager and staff team, which gave them the capacity to ensure this centre was effectively managed. This was the only designated centre operated by this provider in which they were responsible for.

Judgment: Compliant

### Regulation 15: Staffing

The staffing arrangement for this centre was subject to on-going review and there was good consistency of staff maintained. Where residents were assessed as requiring a certain level of staff support, the provider ensured that this was provided. Where additional staffing resources were required from time to time, the provider had adequate arrangements in place for this. Where new staff members were recruited to the service, there was a clear induction programme in place, to ensure they got to know the residents and their assessed needs, prior to working directly with them.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had ensured all staff had received up-to-date training in areas appropriate to their role held. Where refresher training was required, this was scheduled accordingly by the person in charge. All staff were also subject to regular supervision from their line manager.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had ensured this centre was adequately resourced in terms of equipment, training and transport. Suitable persons had been appointed to the service to ensure it was effectively managed, and there was an escalation pathway available to them, to make the provider aware of any issues arising. There were also clear internal communication systems in place, with regular staff meetings occurring. The person in charge also had regular contact with their line manager to review any operational matters. Six monthly provider-led visits were occurring in line with the requirements of the regulations, and where improvements were identified, time bound action plans were put in place to address these.

Judgment: Compliant

### Regulation 3: Statement of purpose

There was a statement of purpose available at this centre, which contained all information as required by the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

The person in charge had a system in place for the recording, reviewing and monitoring of all incidents occurring in this centre. They had also ensured that all incidents were notified to the Chief Inspector of Social Services, as and when required by the regulations.

Judgment: Compliant

## Quality and safety

This was very much a resident-led service, that ensured adequate supports and arrangements were in place to meet the assessed needs of residents. Integral to this was the quality of social care provided in this centre, which gave residents multiple opportunities for recreation, in accordance with their capacities, assessed needs and personal interests.

The management of risk was on-going in this centre, which had proved positive for ensuring residents were at all times kept safe from harm. In response to incidents which had occurred, the provider had put additional control measures in place, to reduce the likelihood from similar incidents occurring. For example, incidents had happened pertaining to one resident, where they had placed themselves at risk of harm. This had resulted in the provider putting specific staffing and observational measures in place, along with daily environmental checks of this resident's bedroom and en-suite. In conjunction with this, staff maintained multi-disciplinary teams up-to-date on a daily basis of how the resident was progressing with these new control measures, and there were also regular reviews happening to oversee the effectiveness of these recently introduced safety interventions. Since these new control measures had been put in place, no incidents of a similar nature had occurred. The risk of residents' leaving the centre without staff support was also an area that the provider maintained under regular review. There were some residents

assessed with this risk, and although specific control measures had been put in place in response to these, an incident of this nature had occurred in the days leading up to this inspection. The provider was proactive in their response to this, with all staff having been made aware of this incident, and of the importance in continuing with their adherence to implementing existing control measures. At the time of this inspection, the provider was awaiting a further review with the relevant multi-disciplinary teams in relation to this.

Good practices were observed in relation to residents' assessment and personal planning. Residents' assessed needs were regularly reviewed, and clear personal plans were put in place to guide staff on how they were required to support residents with the various aspects of their care. There was also good engagement between staff and relevant multi-disciplinary teams in relation to restrictive practice management, and with regards to behavioural support. In recent months, one resident had required the implementation of additional restrictive practices and the provider had ensured the resident was consulted in relation to these.

Effective fire safety measures were in place, and the outcome of regular fire drills gave assurances that staff could support these residents to evacuate the centre in a timely manner. Fire exits were maintained clear from obstruction and there were clear procedures in place for staff to follow, should a fire occur. The provider had also utilised their own key-working system to promote good fire safety awareness for all residents.

### Regulation 11: Visits

Residents were supported to have visitors come to their home and were equally encouraged to visit family and friends. Due to the layout and design of this centre, when residents welcomed visitors to the centre, they had multiple areas that they could meet with their visitors in private, if they so wished.

Judgment: Compliant

### Regulation 13: General welfare and development

The provider had ensured that residents were provided with multiple opportunities for recreation, in accordance with their assessed capacities, interests and personal choice. Each resident was assessed as requiring a specific level of staff support to access the community, and in conjunction with adequate transport arrangements, this meant that residents regularly got out and about to enjoy the activities they liked to do. Residents were also encouraged to maintain personal relationships and this was respected. Some residents had previously completed various training programmes and were looking forward to attending a new day service in the coming

weeks, that some planned to attend, to return to engaging in similar programmes going forward.

Judgment: Compliant

### Regulation 17: Premises

The centre comprised of one large two-storey house located a few kilometres from a town in Co. Laois. The centre was spacious, well-maintained and provided various communal areas for residents to use, as they wished. Each resident had their own en-suite bedroom, which they had decorated in accordance with their own personal taste. There was also a secure and well-maintained garden area for residents to use, as and when they wished.

Judgment: Compliant

### Regulation 20: Information for residents

There was a Residents' Guide available in the centre, which contained all information as required by the regulations.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had effective risk management systems in place, which ensured risk was identified, assessed, reviewed and monitored on an on-going basis. Where certain risks were identified to particular residents, the provider had responded to these to ensure residents were maintained safe from harm. Many risk assessments were in place to support the on-going review of the effectiveness of control measures, and there was evidence that these were subject to regular review. Where incidents occurred, these were routinely trended and relevant multi-disciplinary teams were also involved in incident reviews, as and when required, which had a positive impact on the development and implementation of specific risk management activities.

Judgment: Compliant

## Regulation 28: Fire precautions

The provider had clear fire safety arrangements in place in this centre. Detection and containment systems were in place, emergency lighting was installed, regular fire safety checks were occurring and all staff had received up-to-date training in fire safety. Regular fire drills were occurring and records of these clearly demonstrated that staff could support these resident to evacuate the centre in a timely manner. A fire procedure was in place, which guided staff on what to do, should a fire occur. Fire safety was also a topic of discussion covered by key-workers with residents to ensure they were aware of basic fire safety precautions to adhere to.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

The provider had clear systems in place for the re-assessment and personal planning of residents' needs. A key-worker system was in place, whereby, named staff were appointed with the responsibility for ensure associated documentation was maintained up-to-date, and this was regularly overseen by the person in charge. At the time of this inspection, there was no resident identified to transition to or from this centre.

Judgment: Compliant

## Regulation 6: Health care

Although residents' healthcare needs in this centre were minimal, the provider ensured this aspect of their care was subject to on-going review. Some residents took responsibility for aspects of their own health care, particularly in relation to the taking and recording of their blood sugar levels, and were supported by staff in doing so. The centre was supported by a wide range of allied health care professionals, who supported in the review of residents' healthcare, as and when required.

Judgment: Compliant

## Regulation 7: Positive behavioural support

Where residents required positive behavioural support, the provider had adequate

arrangements in place for this. Behavioural related incidents were recorded, and reviewed and staff often linked in with the behavioural support therapist, in the review of these incidents. Where changes to residents' behavioural support interventions were required, these were communicated to all staff in a timely manner. Where restrictive practices were in place, these were also subject to regular multi-disciplinary review.

Judgment: Compliant

### Regulation 8: Protection

The provider had procedures in place to guide staff on how to identify, report, review and monitor for any concerns relating to the safety and welfare of residents. All staff had received up-to-date training in safeguarding and at the time of this inspection, there were no active safeguarding concerns in this centre.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were very much promoted in this centre. Residents actively led their own schedules for the day, and there was on-going consultation with their support staff in relation to this. The person in charge ensured residents were at all times maintained aware of any changes occurring within their home, and residents were also consulted about various aspects of their care.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	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