



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

## Issued by the Chief Inspector

Name of designated centre:	Newhall
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Laois
Type of inspection:	Unannounced
Date of inspection:	05 March 2024
Centre ID:	OSV-0005728
Fieldwork ID:	MON-0043115

## About the designated centre

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

Newhall is a designated centre operated by Nua Healthcare Services Limited. This centre is located in a rural setting in Co.Laois and provides residential care for up to six male and female residents, with an intellectual disability, who are over the age of 18 years. The centre comprises of two buildings, located within close proximity to each other. The main building accommodates five residents, with each having their own bedroom, some en-suite facilities, shared bathrooms, two sitting rooms, kitchen, dining area, staff offices and laundry room. The second building accommodates one resident, who has their own en-suite bedroom, open plan kitchen, living and dining area and staff toilet and bedroom. Each building provides residents with a garden area to use as they wish. 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:	6
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 5 March 2024	10:40hrs 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 and spoke with residents who lived in the centre and observed how they lived. The inspector also met with the person in charge, a senior 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.

Newhall is located in a rural area, a short drive from two towns which gave residents good access to a wide range of facilities and amenities. The centre consisted of two neighbouring self-contained dwellings which provided a full-time residential service for up to six people. There was a spacious two-storey house which could accommodate five people and an adjacent apartment which could accommodate one. The centre was equipped to meet the needs of the people who lived there and provided them with a safe and homely living environment. Both houses were comfortably furnished, and rooms were personalised. Residents' artwork was displayed in the centre. Adaptations such as grip rails, ramps, and a lift to access the first floor, were in place in the larger house to support residents to mobilise independently and safely. The centre had dedicated vehicles, which were used for outings or any activities that residents chose. The staffing levels, and availability of transport, ensured that each resident could be individually supported by staff to do activities of their preference.

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, providing meals and refreshments to suit their needs and preferences, and accompanying them in the community. All residents appeared to be at ease and comfortable in the company of staff, and were relaxed and happy in their homes. The provider had ensured that all staff had attended training in human rights. Staff told the inspector that they found this training beneficial and that following the training that they felt reassured that care was being delivered in line with these principles.

The inspector met with all residents at various stages in the day. Two residents were happy to talk about their lives there, while the other residents communicated briefly with the inspector. Residents who spoke with the inspector said they were very happy with all aspects of living in the centre. These residents said that they were well supported by staff, who provided them with good care, and that they made their own choices around their lives. A resident explained that they liked

going out for coffee and a scone and did that every day. They also talked about a holiday and showed the inspector photos from that the holiday. A resident who enjoyed gardening, brought the inspector to the garden to see carrots that they had grown in a raised bed and explained that some of these vegetables had been harvested for the house. Residents knew who was in charge in the centre, and they said that they trusted the staff. They told the inspector that they would tell any concerns to staff and were confident that any issues would be addressed.

Residents told the inspector that they enjoyed the meals in the centre. They explained that they had choices around their food shopping and meals, and that staff prepared meals that they liked, at the times that suited them. They also said that they often went out for a meal, coffee or refreshments and that they enjoyed this. During the inspection a roast dinner with all the trimmings was being prepared and residents also had a monthly take-away meal in the centre in place of a meal cooked there. On the day of inspection, one resident had a late breakfast, as they preferred not to get up too early and to have the breakfast at their leisure.

As this was a home-based service residents had choices around doing things in the centre, or going out to do things in the community. Some of the activities that residents enjoyed included outings to local places of interest, going out for coffee, visiting families, bowling, gardening, cinema, arts and crafts, and music. They also enjoyed taking part in everyday community activities such as going to the barbers, bank, recycling centre, attending medical appointments and shopping. On the day of inspection, most residents were out and about at intervals during the day and enjoyed individualised activities in the centre at other times. For example, one resident was taking part in sensory activities and another was dancing to their favourite music.

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

## Capacity and capability

There were strong systems in place to ensure that this centre was well managed, that a good quality and safe service was provided to residents who lived there, and that residents' care and support was delivered to a high standard.

There was a clear organisational structure in place to manage the service. There was a full-time person in charge who worked closely with staff and with the wider management team. Arrangements were in place to manage the centre when the person in charge was absent. The manager who covered the absence of the person in charge and the person in charge's line manager were present during the inspection, and both were very knowledgeable regarding each resident's assessed needs.

The service was subject to ongoing monitoring and review to ensure that a high standard of care, support and safety was being provided. These included ongoing audits of the service in line with the centre's audit plan, unannounced audits by the provider carried out every six months, and additional targeted audits. These audits showed a high level of compliance and any identified actions had been addressed as planned. A review of the quality and safety of care and support of residents was being carried out annually. The person in charge carried out a monthly quality management review which was informed by issues arising from these audits, information received, adverse incidents.

The centre was suitably resourced to ensure the effective delivery of care and support to residents. These included, the provision of safe, comfortable accommodation and furnishing, assistive equipment, transport, access to Wi-Fi, television, and sufficient numbers of staff to support residents' preferences and assessed needs.

This regulation was not examined in full, although a range of documentation and records were viewed throughout the inspection. The sample of records viewed were maintained in a clear and orderly fashion, and were up to date.

The provider had a process for management of complaints which included, a clear complaints procedure displayed in the centre, a procedure for recording and investigating complaints and a policy to guide practice. Any complaints received in the centre had been suitably managed and resolved.

### Regulation 15: Staffing

Staffing levels and skill-mixes were sufficient to meet the assessed needs of residents at the time of inspection.

Judgment: Compliant

### Regulation 19: Directory of residents

There was a directory of residents which included the required information relating to each resident who lived in the centre.

Judgment: Compliant

### Regulation 21: Records

This regulation was not examined in full on this occasion, although a range of documentation and records were viewed throughout the inspection. The sample of records viewed were maintained in a clear and orderly fashion, and were up to date.

Judgment: Compliant

### Regulation 23: Governance and management

There were effective leadership and management arrangements in place to govern the centre and to ensure the provision of a good quality and safe service to residents. This was being achieved by a clearly defined management structure, management meetings, auditing systems and development of monthly quality improvement reports.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints. These included an up-to-date policy to guide practice, identification of a complaints officer, and a system for logging and investigation of complaints. Any complaints received in the centre had been suitably managed, investigated and recorded.

Judgment: Compliant

## Quality and safety

There was a high level of compliance with regulations relating to the quality and safety of care, and the provider had ensured that residents received a good level of person-centred support.

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 received person-centred care and support that allowed them to enjoy activities and lifestyles of their choice.

As this was a home-based service, residents could choose to take part in a range of social and developmental activities in their homes, and in the community. Suitable support was provided for residents to achieve these in accordance with their individual choices and interests, as well as their assessed needs. 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, going the barber, day trips, going to entertainment events and housekeeping tasks. Some residents also enjoyed contact with family and friends, and this was supported both in the centre and elsewhere in line with residents' preferences.

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 with their personal possessions and photos. The centre was maintained in a clean and hygienic condition throughout. The provider was very focused on ongoing improvements and there was strong maintenance support in place. Since the last inspection of the centre, internal flooring had been upgraded in several rooms, and significant works to a bathroom had recently taken place in response to a resident's preferences. There was a clear maintenance plan in place to carry out further external improvements.

The provider had ensured that residents had access to medical and healthcare services and that they received a good level of healthcare. Nursing support was available to residents. A regional nurse visited the centre weekly and was involved in the ongoing assessment of residents' health needs. 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, occupational therapy, speech and language thereapy and behaviour support which were supplied directly by the provider. 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. Residents were also supported to avail of national health screening programmes.

Residents' nutritional needs were well met. Residents' weights were being monitored, a speech and language therapist was available to assess and review residents' support needs, and suitable foods were made available to meet residents' assessed needs and preferences. Residents had choices at mealtimes and could take part in grocery shopping and food preparation as they wished.

## Regulation 11: Visits

Residents could receive visitors in accordance with their own wishes, and there was sufficient room in the centre for residents to meet with visitors in private. Furthermore, residents were supported to meet with, and visit, family and friends in other places.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to take part in a range of social and developmental activities both at the centre, and in the community. Suitable support was provided to residents to achieve this in accordance with their individual choices and interests, as well as their assessed needs.

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. Both houses in the centre was well maintained, clean, comfortable, spacious and suitably decorated.

Judgment: Compliant

### Regulation 18: Food and nutrition

Residents' nutritional needs were being supported. Suitable foods were provided to cater for residents' assessed needs and preferences. Residents had choices at mealtimes and could take part in grocery shopping and food preparation as they wished.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

There were arrangements in place to ensure that where a resident was temporarily absent from the designated centre that the hospital or other place was supplied with relevant information about the resident. All such absences were being recorded.

Judgment: Compliant

### Regulation 6: Health care

The health needs of residents were subject to ongoing assessment and they had good access to a range of healthcare services, such as general practitioners, medical consultants and national screening programmes. Access to healthcare professionals were arranged as required. Plans of care for good health had been developed for residents based on each person's assessed needs.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 6: Health care	Compliant