



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

## Issued by the Chief Inspector

Name of designated centre:	Beacon Hill
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Westmeath
Type of inspection:	Announced
Date of inspection:	09 April 2024
Centre ID:	OSV-0008087
Fieldwork ID:	MON-0034033

## About the designated centre

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

This is a service operated by Nua Healthcare, providing residential care and support to up to three adults with disabilities. The service is located in Co. Westmeath in close proximity to the nearest small town. The centre is staffed full time including waking night staff. The person in charge is supported by two team leaders. The centre is a large detached house on its own grounds. There is one resident bedroom in the main house, and two self-contained apartments attached, each with enclosed garden areas. There is a spacious and functional communal outside area with parking for multiple vehicles.

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

Number of residents on the date of inspection:	3
--	---

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 9 April 2024	11:00hrs to 16:00hrs	Julie Pryce	Lead

## What residents told us and what inspectors observed

This inspection was conducted in order to monitor on-going compliance with regulations and standards, and to help inform the decision to renew the registration of the designated centre.

On arrival at the centre the inspector found that the person in charge had developed a social story to assist residents in understanding that the inspection was going to take place, and had spoken with residents to ascertain which of them would welcome an interaction with the inspector, and which of them would prefer not to meet with the inspector.

One of the residents was observed to be on their way to do their laundry with a staff member, which was a task that they enjoyed. This resident made a brief acknowledgement of the inspector, and continued about their activity. During a discussion with the person in charge and staff members, the inspector was made aware that this resident could easily become over stimulated, and preferred to limit their interaction, and this was respected.

During the course of the morning of the inspection, another resident was preparing for an outing, and became agitated, vocalising loudly and deciding not to go ahead with the outing. The staff explained that it was the loud wind on the day that had caused this reaction. The inspector observed staff managed the situation calmly and professionally, and in accordance with the resident's positive behaviour support plan. The resident was offered their headphones and radio, and was observed by the inspector to become calmer very quickly as a result of staff's timely intervention. It was explained to the inspector that staff would later utilise the resident's preferred method of communicating which was a pictorial exchange communication system (PECS) to reintroduce the idea of the outing later in the day.

Another resident who came to the kitchen and dining area later was seen to be enjoying lunch in the company of staff, and the interactions observed by the inspector were respectful and caring, and in accordance with the resident's assessed needs. The resident clearly enjoyed the occasion, and was observed to eat their meal with enthusiasm.

Discussions with staff and the person in charge and a review of the documentation indicated that all efforts were made to ensure that residents had a meaningful day, and were engaged in activities of interest to them. Activities had been tailored to meet the needs of residents, for example, a resident who enjoyed water activities chose to have several showers each day in accordance with their sensory needs, and they had also been introduced to swimming.

The inspector conducted a 'walk around' of the centre, and found that it was well maintained, and was laid out to meet the needs of residents. The designated centre was clean and spacious, and the layout was appropriate to meet the individual

needs of residents, in that two residents had self-contained apartments and small enclosed garden areas for their sole use. There was also a spacious communal living area which residents could avail of as they chose.

Each resident's personal space was decorated in accordance with their preferences, and in some cases, in accordance with their assessed needs. For example, the inspector observed that two of the residents disliked the noise of a fridge in their apartment, so these were located in the main kitchen where they had unlimited access, and this arrangement ensured that they were not disturbed by the noise. Another resident disliked cupboard doors, so these had been removed in their apartment, and the open presses had been made to look like shelving so that the apartment still looked homely.

Staff discussed the rights of residents with the inspector and gave various examples of the rights of residents having been upheld. Communication was given high priority as discussed under regulation 10 of this report, and all efforts were made to ensure that the views and choices of residents were ascertained and upheld. One of the residents engaged in repeated self-injurious behaviour, which involved a serious risk to their eyesight, so that protective eyewear had been deemed necessary. Staff had sourced a pair of glasses/goggles that looked modern and unobtrusive which the resident was happy to wear.

Overall residents were supported to have a comfortable and meaningful life, with an emphasis on supporting choice and preferences and the inspector found that residents in this designated centre were offered a good standard of care and support.

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

## Capacity and capability

There was a clearly defined management structure in place, and lines of accountability were clear. There were various oversight strategies which were found to be effective both in relation to monitoring practices, and in quality improvement in various areas of care and support.

There was an appropriately qualified and experienced person in charge who was supported by a shift leader every day.

There was a competent staff team who were in receipt of relevant training, and demonstrated good knowledge of the support needs of residents. Staff were appropriately supervised by a person in charge and shift leaders.

All required documentation was in place and was regularly reviewed.

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

All the required information was submitted with the application to renew the registration of the designated centre.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge was appropriately skilled and experienced, and was involved in the oversight of the centre, and in quality improvement of care and support offered to residents.

The person in charge had introduced several improved monitoring systems and interventions. They had a particular interest in communication and had undertaken to ensure that staff received training in the individual communication needs of residents.

Judgment: Compliant

### Regulation 15: Staffing

There were sufficient numbers of staff to meet the needs of residents both day and night, and each resident had an allocated staff member at all times.

A planned and actual staffing roster was maintained as required by the regulations. The shift start times were staggered to ensure time for a detailed handover between shifts. There was a consistent staff team who were known to the residents, and the relief panel was also made up of staff who were known to the residents.

The inspector spoke to four staff members, and found that they were knowledgeable about the support needs of residents and about their responsibilities in the care and support of residents.

Judgment: Compliant

## Regulation 16: Training and staff development

All mandatory training was up-to-date, and additional training had been undertaken by staff relating to the specific needs of residents, for example, staff had received training in autism and in the management of epilepsy. Staff spoke about the content of some of the training, for example they could describe their role in safeguarding of residents, and their responsibilities in the event of an emergency such as a fire.

Regular supervision conversations were held with staff, and a review of the records of these discussions showed that they were meaningful two way conversations. The person in charge also utilised a template for reflective practice with staff members. Staff said that they would be happy to raise any issues of concern, and would approach the person in charge should the need arise.

Judgment: Compliant

## Regulation 19: Directory of residents

The directory of residents included all the required information.

Judgment: Compliant

## Regulation 23: Governance and management

There was a clear management structure in place, and all staff were aware of this structure and their reporting relationships.

Various monitoring and oversight systems were in place. Six-monthly unannounced visits on behalf of the provider had taken place, and an annual review of the care and support of residents had been prepared in accordance with the regulations. This review included input from residents and their families, and outlined the plans for the following year. An easy read version had been made available to residents. Oversight of positive behaviour support was undertaken by both the person in charge and the behaviour support specialist, who attended the designated centre twice a month.

Any required actions from these processes were monitored until complete, and those required actions reviewed by the inspector had been completed within their identified timeframe. For example residents were required to have access to bank accounts, and this had been completed. Also, it had been identified that opened food in the fridges had not been labelled with the date. The inspector saw that this



had been rectified.

Regular staff meetings were held, and a record was kept of the discussions which included many issues relating to the operation of the centre, including accidents and incidents, safeguarding and the care and support of residents. The record of the discussion indicated that the responsibilities of staff members were clearly identified.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose contained all the information required by the regulations, and accurately described the service provided.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a clear complaints procedure which was made available to residents in an easy read version, and was clearly displayed as required by the regulations.

Both complaints and compliments were recorded, and the record of complaints included details of any actions taken and any meetings held, and recorded the outcome of the complaint. The inspector was assured that there was clear oversight of complaints.

Judgment: Compliant

## Quality and safety

There were systems in place to ensure that residents were supported to have a comfortable life, and to have their needs met. There was an effective personal planning system in place, and the residents and their families were involved in the person centred planning process.

The residents were observed to be offered care and support in accordance with their assessed needs, and staff communicated effectively with them.

Healthcare was effectively monitored and managed and changing needs were responded to in a timely manner. Medication management was appropriate and

effective.

Fire safety equipment and practices were in place to ensure the protection of residents from the risks associated with fire, and there was evidence that the residents could be evacuated in a timely manner in the event of an emergency.

There were risk management strategies in place, and all identified risks had effective management plans in place.

The rights of the residents were well supported, and given high priority in the designated centre.

## Regulation 10: Communication

Communication with residents was given high priority in the designated centre, with strong leadership from the person in charge who had relevant experience and training in this area.

Residents did not communicate verbally for the most part, and various strategies were in place to maximise effective communication. The first example of this observed by the inspector was a social story that had been developed to explain to residents that an inspection was to take place.

There was a detailed section in each resident's personal plan in relation to communication. The inspector reviewed two of these plans and found information relating to the ways in which people expressed themselves, and also about the most effective ways for staff to communicate with them. Some residents preferred simple language, and others were supported by the use of social stories, including a Picture Exchange Communication system (PECS). One of the residents used the Lamh system of communication, and the person in charge was qualified in this area, and had ensured that staff members were familiar with the signs known to the resident.

The inspector observed the PECS system to be effectively used whereby a resident chose a picture to communicate their choice to staff. There were documented incidents of the resident using their PECS to communicate pain or discomfort, where they used the pictures to show staff the location of their discomfort. This system also facilitated residents to indicate their current mood.

The second communication plan reviewed by the inspector outlined the different vocalisations utilised by the resident to communicate. A detailed assessment had been undertaken in relation to the pitch of the vocalisations and the meaning of each, and the inspector found that staff members were knowledgeable about this assessment, and could interpret the meaning of each different sounds used by the resident.

It was also of note that the positive behaviour support plan for each of the residents

included information about their communication needs.

Throughout the inspection it was clear that staff were knowledgeable about the ways in which residents communicate, and were observed to be implementing the communication care plans while interacting with residents.

Judgment: Compliant

### Regulation 12: Personal possessions

There were clear records of the possessions of each resident maintained in their personal plans in which each item was documented, and a historical record was maintained where items had been discarded.

Residents' finances were well managed and there were various checks maintained to mitigate any risk of financial abuse. All transactions on behalf of the residents were recorded and signed by two staff members, and the receipts maintained. Balances were checked each day by two staff members. The balance of money belonging to one of the residents was checked by the inspector and found to be correct.

In addition bank statements were checked on a monthly basis, and residents had deposit accounts in which any larger sums of money were maintained.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were supported to experience a wide range of activities, within their preferences and abilities, and also in accordance with their behaviour support needs.

Some residents attended day services, and where a resident's day service had been discontinued, as an interim measure, staff had replicated the activities that were meaningful to them in one of the activity rooms within the centre.

Activities within the home included music, items of preference and ensuring that the preferred activities of residents were respected and supported. For example, where a resident liked to walk around the house for prolonged periods, this was supported, whilst also supporting them to enjoy other activities outside their home.

Residents were being supported to learn new skills, some of them home-based, such as learning how to manage their own laundry or personal hygiene, and some to increase their access to the community, such as learning how to use cutlery appropriately.

Each resident had a section in their personal plan which outlined personal goals. Some people were aiming to engage in new hobbies, and others in learning new skills, such as using their own bank accounts. The goals were broken down into small steps, and achievement of each step was recorded. The inspector reviewed two of these personal plans, and found the goals to be meaningful and to increase opportunities for residents, and that they were being supported to achieve their goals at their own pace.

Judgment: Compliant

### Regulation 26: Risk management procedures

There was a current risk management policy which included all the requirements of the regulations. Risk registers were maintained which included both local and environmental risks, and individual risks to residents. There was a risk assessment and risk management plan for each of the identified risks

Individual risk assessments included the risks related to behaviours of concern and fire safety, and the risk management plans for these two identified risks were reviewed by the inspector. The management plans were detailed and provided clear guidance to staff as to how to mitigate the risks, and the inspector saw the control measures in these documents in practice.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were safe practices in medication management in relation to the prescriptions, ordering and storage of medications, and staff described their administration practices clearly, and were aware of best practice in this regard. All staff had received training in the safe administration of medication. .

Where were prescribed 'as required' (PRN) medications, there were detailed protocols as to the circumstances under which these medications were to be administered, including the presentation of the resident which might require the medication, and the timings of administration.

The inspector examined the stock control of one of the 'as required' (PRN) medications and found that there were appropriate systems in place, and that the stock of medications was correct.

The inspector spoke to one of the staff members about medication management and found them to be knowledgeable. For example, when asked about the requirement for a PRN medication for a medical condition, the staff member knew

the circumstances under which the medication should be administered.

Judgment: Compliant

### Regulation 6: Health care

Healthcare was well managed, and both long term conditions and changing needs were responded to appropriately. There were detailed healthcare plans in relation to all identified areas of need for residents, such as epilepsy and eye care. These care plans had been written by a registered nurse, and each plan was reviewed annually, or more frequently if required, by the registered nurse and the person in charge. There was also a six-monthly audit of person centred plans which included a the healthcare plans

Residents were offered regular check-ups, and all required health screening had been considered, and undertaken where appropriate. Medication was kept under constant review, and one of the residents was currently on a plan of reducing a medication on a gradual basis under the supervision of their psychiatrist.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Where residents required positive behaviour support, there were detailed plans in place, based on a detailed assessment of needs. Proactive strategies were clearly identified, and all staff were aware of these strategies, and were able to describe the actions that might increase or reduce the likelihood of behaviours of concern.

Reactive strategies were clearly documented, and were guidance for staff was clearly documented. Potential behaviours were clearly described, and instructions for staff outlined in a structured way, so that the expected response to each presentation was clear. The guidance in the behaviour support plans included detailed information as to the best ways to communicate with residents.

Where restrictive practices had been identified as being necessary to ensure the safety of residents, these were well defined and there was detailed guidance in place to ensure that they were applied appropriately, and that they were always the least restrictive required to ensure the safety of residents. They were regularly reviewed, both on an on-going basis by the person in charge, and formally by the 'Restrictive Practices Committee' which had recently been convened and had held its third meeting at the time of the inspection. This committee was multi-disciplinary in nature, and individual residents' restrictive practices were reviewed in detail at these meetings. The inspector saw the presentation and records of the review of one of

the residents and saw that it was a detailed review that examined the restriction, its implementation and the impact for the resident.

Judgment: Compliant

### Regulation 8: Protection

There was a clear safeguarding policy, and all staff were aware of the content of this policy, and knew their responsibilities in relation to safeguarding residents. Staff were in receipt of up-to-date training in safeguarding, and could discuss the learning from this training.

Where safeguarding issues had been identified there were clear and detailed safeguarding plans in place which outlined the measures to be taken to mitigate any risks to residents. The inspector reviewed two of these safeguarding plans and found them to be detailed, and to clearly address the identified issues. For example, where a discrepancy had been found in the personal money of one of the residents, steps taken to mitigate any associated risk included additional checks, all transactions being signed by two staff members and the signing in and out of any resident's bank card with the date and time.

There was oversight of safeguarding in the centre by the safeguarding and complaints managers, and there had been two site visits to the centre, in January and in March Of 2024. Safeguarding plans were reviewed during these visits.

Judgment: Compliant

### Regulation 9: Residents' rights

Staff spoke about the importance of recognising and upholding the rights of residents, and demonstrated a commitment to supporting residents both in making choices, and in having their voices heard. Residents were supported in making choices by the use of their preferred means of communicating and staff could explain what was being communicated when a resident pointed first at a picture and then elsewhere.

There were various examples of residents being supported to have their preferences respected, including their choices in relation to the decor and layout of their personal spaces.

Overall residents were supported to have a good quality of life, and to be supported to make choices in ways which were meaningful to them.

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 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant