



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Heather House
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Mayo
Type of inspection:	Announced
Date of inspection:	15 October 2024
Centre ID:	OSV-0008202
Fieldwork ID:	MON-0036648

About the designated centre

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

Heather house is a residential Service is a service run by Nua healthcare services. The centre is located near a town in Co. Mayo and provides residential care for up to six male and female residents who are over the age of 18 years and have an intellectual disability. The centre comprises of one premises with a self contained apartment attached, which provides residents with their own bedroom, shared communal areas and garden space. Transport arrangements are in place to ensure residents have regular opportunities to access the community and local amenities. 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:	4
--	---

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 15 October 2024	10:00hrs to 17:00hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

This inspection was an announced inspection completed to monitor compliance with the regulations and in response to an application to renew the registration of Heather House. A number of key areas were reviewed to determine if the care and support provided to residents was safe and effective. These included meeting residents and staff, reviewing documentation, such as care plans, compatibility assessments, service agreements and a range of audits, activities available to residents and the facilities available in Heather house. This inspection demonstrated good quality outcomes for respite users during their stay and in other areas of their lives, as discussed in the report.

This centre provided a residential service and is registered to accommodate up to six adult residents at one time. At the time of the inspection, four residents were availing of the service and there were two vacancies in a catchment area in County Mayo. Residents present were supported with home based programmes based on their assessed needs.

Heather services has been operating since March 2022. The centre comprises a large bright, comfortable two-storey detached house and a self contained apartment, accessible to the rear of the main house. The one-bedroom apartment, accessible to the rear and through the main house, enables the resident who prefers their own personal space and as per their assessed needs. It has a kitchen, living room and bathroom, and the inspector saw that the apartment was personalised to the choice of the resident. Access to the main building was facilitated and the inspector noted that the resident was provided with suitable opportunities to engage in activities in the main house as well as enjoying individualised activities, and person centred programmes based on the residents assessed needs, preferences, and choices.

During the inspection, the inspector met four residents who were living in the centre. They appeared comfortable in the centre and all residents spoken with expressed great satisfaction with the service they were receiving. Their staffing which varied from one-to-one or two-to-one knew their needs well and spoke with the inspector about the service and their role in supporting residents. The inspector noted that the five staff met were all knowledgeable, respectful and that staff were very familiar with residents' needs in this centre and their ways of communicating

Within the main house, there were five bedrooms with ensembles. Communal areas included two sitting rooms, and a kitchen, dining area and conservatory. The layout and design of the house allowed residents to enjoy a variety of space to relax in and adequate space to store their personal belongings. Residents had personalised the centre and personal items were observed throughout the centre. The inspector noted that a range of easy-to-read documents and information was supplied to residents in a suitable format. For example, easy-to-read versions of important information were available, such as the complaints process, meals, advocacy,

safeguarding, fire safety and staffing information were available, . Staff consulted regularly with residents and established their preferences, through the personal planning process and through ongoing communication with residents and their representatives.

As part of the annual review process, all residents and their representatives were invited to provide feedback on the service through questionnaires. The feedback received was overwhelmingly positive, with residents expressing high satisfaction with their service at Heather house. As this inspection was announced, feedback questionnaires for residents and their representatives had been sent in advance of the inspection. The inspector received four completed surveys, all of which provided positive reports of the service.

Residents were very involved in community activities that they enjoyed. As this was a home-based service, residents had choices around doing things in the centre, attending activities at external services, or going out to do things in the community. As the centre was centrally located, residents could take part in a range of activities and opportunities locally. Residents told the inspector that they could go out for walks, shopping or refreshments, and the inspector observed this on the day. The centre also had dedicated transport, which could be used for outings or any activities that residents chose.

The inspector also read four survey questionnaires that had been completed by residents in preparation for the inspection. The surveys showed a high level of satisfaction with the service and there were no negative issues, concerns or areas for improvement identified. Some of the areas that residents highlighted in the surveys included satisfaction with staff support, help available as needed, growth in independence and confidence since living in the service, and feeling safe.

Residents told the inspector that they were were very aware of their rights and of how to access advocacy, and that this had been explained to them by staff. They explained how they managed their money, and were supported to vote and practice their religion as they wished, meet family and friends.

From conversations with staff, observations made by the inspector, and information reviewed during the inspection, it was apparent that residents had a good quality of life in accordance with their assessed needs and were regularly involved in activities that they enjoyed. The findings from this inspection indicate a high compliance with the regulations.

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

Capacity and capability

The provider had measures in place in this centre to ensure that the centre was well managed, and that residents' care and support was delivered to a high standard. These arrangements ensured that a good quality and safe service was provided to residents who lived there.

There was a clear organisational structure in place to manage the service and this was clearly described in the centre's statement of purpose. There was a person in charge who was suitably qualified and experienced for this role. Effective arrangements were in place to support the person in charge in the management of the centre, and also to manage the service and support staff when the person in charge was not on duty.

There were a range of systems in place to oversee the quality and safety of care in the centre. These included ongoing audits of the service, including unannounced audits by the provider which were carried twice each year, and an annual review of the service which included consultation with residents. Any issues arising from audits were being suitably addressed in a timely manner.

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, and access to Wi-Fi and televisions. The provider had also ensured that the service and residents' property were suitably insured.

Adequate staffing levels were being maintained in the centre to support residents' preferences and assessed needs, and these staff had received training to support them for their roles.

There was also a statement of purpose which gave a clear description of the service and met the requirements of the regulations. Minor amendments were required , which were completed on the day of inspection and resubmitted as required.

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. An inspector reviewed this documentation and found that it had been suitably submitted.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge met the requirements as they had the three years management experience prior to commencing the role as person in charge and they showed the relevant management qualifications to fulfil the role. Overall, the inspector found that the person in charge had a good knowledge of the service, residents and their needs to ensure that the service was appropriately maintained in line with the regulations.

Judgment: Compliant

Regulation 19: Directory of residents

The inspector reviewed the directory of residents and found that it contained the information as specified in the regulations and was under regular review by the management team.

Judgment: Compliant

Regulation 21: Records

The provider has effective systems and processes in place, including relevant policies and procedures, for the creation, maintenance, storage and destruction of records which are in line with all relevant legislation.

The systems in place ensured all records, as required by the regulations, are of good quality and are accurate, appropriate, up to date and stored securely.

The provider had ensured that records in relation to each respite user as specified in Schedule 3 and the additional records specified in Schedule 4 were maintained and available for inspection on behalf of the Chief Inspector.

Judgment: Compliant

Regulation 22: Insurance

The centre was adequately insured against accidents and incidents. They had submitted evidence of this in the application to renew the registration of the centre.

Judgment: Compliant

Regulation 23: Governance and management

The governance and management systems in place were found to operate to a high standard in this centre. The centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. The management structure ensured clear lines of authority and accountability. Management presence in the centre provided all staff with opportunities for management supervision and support. Arrangements in place, such as staff team meetings and one-to-one supervision meetings, facilitated staff to raise any concerns they may have about the quality and safety of the care and support provided in the centre.

The provider had systems in place for reviewing the quality and safety of the service, including six monthly provider-led audits and an annual review. An external professional completed the annual review to obtain an objective assessment of the service. They reviewed audits, interviewed families, staff, and the person in charge, met with respite users, and visited the centre to collect information for the annual review. The 2023 annual review was available for review and was found to include intensive consultation with respite users and their families. Questionnaires returned as part of this consultation indicated high satisfaction with the service.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There was a signed agreement in place between the resident and provider. This outlined the terms of residency, the care and support that the resident would receive and any fees the resident would incur.

Judgment: Compliant

Regulation 3: Statement of purpose

As per the requirements of the renewal process, the provider had submitted an up-to-date statement of purpose which outlined the service that was to be provided to residents. This was also provided in a suitable format if requested by residents.

Judgment: Compliant

Regulation 30: Volunteers
The provider had a policy and procedure in place as required by the regulations but the provider did not utilise volunteers in this centre at the time of the inspection.
Judgment: Compliant
Regulation 32: Notification of periods when the person in charge is absent
The provider was aware of the requirement to inform the Chief Inspector should the person in charge be absent from the centre for specified periods of time.
Judgment: Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent
The provider had ensured that there were appropriate procedures and guidelines in place should the person in charge be absent from the centre.
Judgment: Compliant
Quality and safety
<p>The provider ensured that residents received a good level of person-centred care that allowed them to enjoy activities and lifestyles of their choice in a way that suited their preferences. The management team and staff in this service were very focused on maximising the independence, community involvement and general welfare of residents. Residents were involved in activities and lifestyles that were meaningful to them.</p> <p>Residents took 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 these in accordance with their individual choices and interests, as well as their assessed needs. As this was a home based service, residents could stay at home during the day or go out the activities that they enjoyed, and the service was staffed to accommodate this. One resident preferred to avail of minimal support from staff</p>

and this was being supported, while other residents also lived as independently as possible with required staff support.

The provider ensured that residents received a good level of person-centred care that allowed them to enjoy activities and lifestyles of their choice in a way that suited their preferences. The management team and staff in this service were very focused on maximising the independence, community involvement and general welfare of residents. Residents were involved in activities and lifestyles that were meaningful to them.

Residents took 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 these in accordance with their individual choices and interests, as well as their assessed needs. As this was a home based service, residents could stay at home during the day or go out the activities that they enjoyed, and the service was staffed to accommodate this. One resident preferred to avail of minimal support from staff and this was being supported, while other residents also lived as independently as possible with required staff support.

The centre suited the needs of residents, and was warm, clean, comfortable and well maintained. The centre was located in a rural area and residents could access their preferred activities in the centre's transport vehicles. Each resident had their own bedroom and ensuite. Residents were very involved in the running of their homes, including cooking, laundry and household tasks. Staff supported each resident in line with their assessed needs preferences and choices.

Residents' civil, political and religious rights were being supported. Arrangements were in place for the safe management of residents' property and valuables. Information was supplied to residents through ongoing interaction with staff and the provider had also provided a written guide for residents with information about the service. Involvement with family and friends was seen as an important aspect of residents' lives. Residents told an inspector that they could have visitors in the centre as they wished and could also to meet family and friends in other places.

Residents' nutritional needs were well met. Residents chose, and were involved in shopping for and preparing, their own food.

There were arrangements in place to safeguard residents from harm. These included safeguarding training for all staff and the support of a designated safeguarding officer should it be required. Staff had also received training in managing behaviours of concern. Residents were clear about staying safe and knew how to respond to any safeguarding concerns. Residents were also very clear about fire safety and on the evacuation processes. They told an inspector that the fire alarm was very loud and that it would waken them at night. A resident demonstrated how they would evacuate in different circumstances depending on the location of the fire.

Regulation 10: Communication

Communication was facilitated for residents in accordance with their needs and preferences. The inspector observed examples of communication tools in the centre, such as pictures, objects of reference and communication boards. Residents had access to a speech and language therapist and this support was ongoing if required. A comprehensive assessment of residents' communication needs were completed and in place in the centre to guide staff and support residents.

Judgment: Compliant

Regulation 11: Visits

The inspector found that visits were facilitated and welcomed in the centre.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge had ensured that residents kept control of their own valuables, and managed their own finances. Residents told the inspector that they kept control of, and chose, their own clothes. An inspector saw that each resident had adequate furniture for storage of their clothing and valuables. Residents were very clear about financial management and rights, and staff explained to an inspector how they managed their money and financial business.

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 support by staff to be involved in both developmental and leisure activities that they enjoyed, including sports such as bowling, swimming and horse riding, discos, going for walks, outings, drives to places of interest and socialising with friends. Residents were supported in self-development and had been, and were currently, involved in developing their everyday living skills. Residents were also involved in household tasks, such as laundry, recycling and food preparation, and had autonomy to carry out everyday community activities such as shopping, banking, going to the cinema, and eating out.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents' involvement around their food and meals was being well supported.

Each apartment in the centre had a well equipped kitchen where food could be stored and prepared in hygienic conditions. Residents in the centre made individual dining plans as well as enjoying in a communal meal arrangements as seen during the inspection. Residents told the inspector that they did grocery shopping with staff support and that they liked preparing their own meals and baking. They explained that they chose their own meals in line with their preferences. Residents told an inspector that they also enjoyed going out for something to eat, which they did frequently either with staff, family or friends. Although residents carried out most of their own food preparation and cooking, staff had received food hygiene training and supported residents to use good food safety practices such as monitoring the shelf life of their stored food.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured that information was provided to residents.

There was a residents' guide prepared and supplied to residents. The inspector read this document and found that it included a range of information for residents. Other information that was relevant to residents was also provided. This included photographic information about managers involved in the centre, the designated safeguarding officer and events taking place in the local area.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had systems in place for the management of risk which included a comprehensive personal risk management plan. Internal audits were taking place, which ensured that control measures identified were effective.

Judgment: Compliant

Regulation 28: Fire precautions

Appropriate fire procedures and equipment were in place at the centre and staff had completed up to date training on review of training records. Fire drills demonstrated that both residents and staff could safely evacuate, and the provider had ensured that the fire equipment was suitably maintained in the centre. Records showed drills completed, personal emergency evacuation plans, fire procedures and emergency plans should a fire occur in the centre.

Judgment: Compliant

Regulation 6: Health care

Resident's health needs were well managed. Referrals were sent to relevant allied health care professionals when required. Each resident had access to a general practitioner of their choosing when needed. A record of attendance was maintained of all visits to allied health care professionals and updates on care plans as required.

Judgment: Compliant

Regulation 8: Protection

The provider had arrangements in place to safeguard residents from harm. These measures included safeguarding training for all staff, an up-to-date policy to guide staff, and access to a safeguarding process. Information had also been made available to residents to increase their awareness and understanding of

safeguarding, and these measures had been effective. Residents told the inspector that they felt safe in the centre and they would speak with their staff if they wished to raise a concern. The safeguarding process included involvement of a safeguarding team. The provider had introduced strong measures to address a safeguarding issue in the centre.

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 19: Directory of residents	Compliant
Regulation 21: Records	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 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant