

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Broadleaf Manor
Centre ID:	OSV-0003397
Centre county:	Kildare
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Nua Healthcare Services
Provider Nominee:	Noel Dunne
Lead inspector:	Anna Doyle
Support inspector(s):	Conan O'Hara
Type of inspection	Unannounced
Number of residents on the date of inspection:	9
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This inspection report sets out the findings of a monitoring inspection, the purpose of which was following notification of a significant incident or event. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 05 May 2016 11:00 To: 05 May 2016 21:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to inspection

This single issue inspection was carried out in response to a notification and unsolicited information received by HIQA in relation to safeguarding and risk management. However over the course of the inspection other outcomes were reviewed due to concerns in practices observed by inspectors. The centre had previously been inspected in 2015.

How we gathered our evidence

Inspectors met with two residents on the day of the inspection. However one resident did not want to engage with inspectors and one resident stated that they were not happy in the centre. Inspectors observed practices, reviewed documents such as incident logs, personal plans, risk assessments and the statement of purpose. Inspectors met with a number of staff and with the person in charge.

Description of the service

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. Inspectors found that the

services provided were not in line with the statement of purpose. The centre was a large detached residence located close to a small village. While not in walking distance to local amenities, the service provided a number of cars to transport residents to activities of their choice. The centre was purpose built and was divided into two separate areas. In addition there was a self contained apartment located between the two separate areas. The service is available to adult men and women who have an intellectual disability and mental health issues.

Overall findings

Overall inspectors found that the provider had not put effective governance and management systems in place in order to safeguard residents. Inspectors found significant failings in a number of areas. Eleven outcomes were reviewed and inspectors found eight of the outcomes were majorly non-compliant. As a result of the level of non-compliance identified the provider was requested to attend a meeting with the inspector and the inspector manager for the area. The purpose of the meeting was to present the findings formally and to seek reassurances in relation to the actions taken and proposed by the provider. The provider had taken some actions since the day of the inspection including overseeing the cleaning of the centre. In addition, a detailed programme of actions was provided to address the non compliances identified during the inspection.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall inspectors found that some aspects of residents care did not uphold their dignity and respect and improvements were required in the management of complaints and residents personal possessions.

Not all components of this outcome were inspected. Inspectors found that some care practices recorded did not respect resident's dignity and respect. For example some behavioural support plans did not identify how privacy and dignity should be maintained and promoted during incidents. In addition some phrases and terms used in daily records were inappropriate and were not in line with supporting residents' needs.

Inspectors viewed a sample of complaints on file and found that while actions to address issues had been outlined it was not clear whether the complainant was satisfied with the outcome. One complaint recorded on a complaints log was a safeguarding issue and confidential information pertaining to the resident was contained in this log. In addition it was not clear from one complaint whether the rights of the resident who the complaint was made about were upheld. For example there were no records to support how this resident was supported within the process.

Inspectors also found that some concerns had not been dealt with under the complaints policy. For example one family member had raised concerns at an annual review in March 2016. There were no records to confirm how this concern had been dealt with. The actions stated that a complaints form was to be given to the family with a due date of 30 May 2016. This was not a timely response to concerns raised. In addition inspectors found that this concern was a safeguarding issue and was not dealt with

under the safeguarding procedures.

Inspectors also found that resident's personal belongings were not respected. The day before the inspection one resident had been transferred from the centre. Inspectors observed all of these residents belongings stored in black bags and plastic containers in their bedroom. When inspectors asked staff about why the residents belongings had not transferred with the resident, they were informed that they were due to be taken to the resident that day. They were subsequently moved to outside the front door for collection, however, inspectors noted on leaving the premises that evening that this residents personal belongings were still outside the front door.

In addition inspectors found that some other personal belongings of residents were not respected. For example one residents' clothes were on the floor in two areas of the centre.

Judgment:
Non Compliant - Major

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall inspectors found that there was an admission policy in place, however it did not consider the needs and wishes of other residents living in the centre and did not reflect the statement of purpose. In addition improvements were required in contracts for the provision of services in the centre.

Inspectors found that four residents had been discharged from the centre and four residents had been admitted to the centre since the last inspection. Three of these admissions and discharges had occurred in the last three months. This was not in line with the statement of purpose, where it states that the centre as 'a positive place that can be called home'. Inspectors found that residents were moved when they were assessed as requiring less supports and residents were admitted to the centre when they required higher supports. This was not included in the statement of purpose for the centre. In addition the person in charge was not involved in the decision to admit new residents to the centre. The person in charge informed inspectors that they only became involved in the process once the decision had been made to admit a resident.

Transitions plans for residents included an impact assessment to consider the impact the transition may have on existing residents living in the centre. However, information on these forms did not guide practice. For example, one assessment did not include all details to mitigate risks. Another assessment did not record potential risks to residents in the centre that were listed as risks on a behaviour support plan for the resident transitioning to the centre.

Inspectors viewed one contract for the provision of services and found that it had not been signed by the person or a representative of the person where appropriate. In addition the information in relation to fees charged was generic for all residents and it did not include what personal items residents would be charged.

Judgment:
Non Compliant - Major

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall inspectors found that significant improvements were required in the centre in relation to cleanliness and maintenance.

Not all components of this outcome were reviewed as part of this inspection, however on arrival to the unit inspectors observed significant failings in relation to the level of cleanliness of the centre. On a walk around of the centre inspectors found that areas of the centre were very unclean and some areas required maintenance. For example kitchen unit doors were broken, the utility room and some residents' bedrooms were very dirty. One resident was due to be admitted to the centre that day, when inspectors viewed this room it was found that a resident had only been transferred out of this room the day before. They had moved to another designated centre. Inspectors found that this resident's belongings were still in the room and that the en suite and bedroom was very dirty. Drawers had not been emptied and inspectors were informed that the items in the drawers were belonging to the resident who had discharged yesterday.

There had been contact put on windows for one resident who did not like curtains that had been torn off and as result compromised residents privacy as their bedroom faced onto the front of the house.

The outside area was untidy. Bins were overflowing and there were a large number of cigarette butts thrown on the ground. There was no outside furniture for residents to use. There was a large garage to the side of the building and inspectors were informed that this was used to store equipment

The centre was found to be impersonal and did not reflect the residents living there. For example there were no pictures on the walls. Some residents' bedrooms were sparsely decorated. One resident's en suite had no shower head or toilet cover in place. All of their personal belongings had been removed from the room that morning as a safety precaution. When staff were asked why bedclothes were removed they were informed that this was a safety precaution. However it was not clear why bedclothes were assessed as a safety precaution. In addition bedclothes were found to have been thrown on the floor of a storage room in the centre.

There were areas of the centre very untidy and cluttered. For example a storage room was full of items belonging to residents. This included their bedclothes, items of food, and items of clothing.

On the day of inspection, inspectors found that the centre was extremely warm. The radiators were on and it was a very warm day. As there were window restrictors in place in some residents bedrooms inspectors found that the centre did not have adequate ventilation in the centre on the day of the inspection.

Judgment:
Non Compliant - Major

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall, inspectors found that that there was a risk management procedure in the centre. However, improvements were required in the review of incidents in the centre and the implementation of the policy into practice.

Not all components of this outcome were reviewed at this inspection. While inspectors found that there was a system in place to review incidents in the centre, the review was not effective so as to identify trends, inform learning or implement effective control measures to mitigate risks in the centre. Inspectors found that there was no effective system in place to review incidents in the centre. Inspectors were informed at the

opening meeting that incidents occurring in the centre were reviewed monthly at staff meetings and weekly at clinic meetings held in the administration centre of the service. However inspectors found from reviewing these minutes that incidents were not effectively reviewed. For example an action plan relating to a significant amount of incidents in the centre over a number of weeks was to review the relevant support plan. It did not detail what this review should entail. Inspectors reviewed minutes of staff meetings and found no effective means of review of incidents. For example, the minutes read key workers discussed incidents. In addition, the risk management policy stated that a debrief session should occur with staff after each incident, inspectors found that this was not always recorded and this was confirmed by the regional manager in an e-mail to the Authority after the inspection. Inspectors found that given the high numbers of incidents in the centre that the absence of a clear review was compromising residents' safety in the centre.

Residents had individual risk assessments contained in their personal plans however the information contained in these were inconsistent and were not always implemented into practice. One risk assessment for behaviours that challenge identified the need for one to one supervision from 08:00 hrs - 23:00 hrs. However a significant number of incidents were recorded after 23:00 hrs when this intervention was suspended. There was no guidance contained in the risk assessment as to what safeguards were in place to reduce the likelihood of an injury occurring when this level of supervision was not in place. In addition, areas of residents risk assessment stated that they required two staff to support them at all times. However this was not the case in practice.

One risk assessment identified a need for 'environmental search logs' to be completed daily to reduce the likelihood of injury, however inspectors found that for the month of April 2016, these logs had only been completed on three occasions. Staff said that the response would depend on whether residents were there under a court order or not. Inspectors reviewed the policy and found this information was not contained in the policy in order to guide staff practice.

There was a policy in place in the centre for the unexplained absence of a resident from the centre, however staff spoken to said that the response would depend on whether residents were there under a court order or not. Inspectors reviewed the policy and found this information was not contained in the policy in order to guide staff practice.

Cleaning schedules were in place in the centre, however inspectors viewed a sample of these and found that they had not been completed for a number of weeks and it was evident from the premises that this was accurate. Inspectors found that while an infection control audit completed in Feb 2016 where the centre was found to be eighty percent compliant, this compliance was not evident on the day of the inspection.

Judgment:

Non Compliant - Moderate

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall inspectors found that there were policies and procedures in place on safeguarding vulnerable adults, behaviours that challenge and restrictive practices. However, safeguarding procedures were not always implemented, behaviour support plans did not guide practice and restrictive practices were not effectively reviewed in the centre.

Inspectors met with staff who were aware of what to do when an allegation of abuse occurred in the centre. However on reviewing documents inspectors found that this was not always implemented into practice. For example inspectors viewed minutes of a meeting where a concern had been raised regarding an injury. The response recorded to this included furnishing a complaints form to the complainant, with a completion date of six weeks. In addition another safeguarding issue that had been raised by a resident was recorded on a complaints log. While inspectors were satisfied that measures were in place to address this concern. Inspectors found that the information contained on the complaints log compromised the resident's right to confidentiality.

Inspectors found that all staff were trained in managing behaviours that challenge and this included de-escalation and intervention techniques. However inspectors found that behaviour support plans did not guide practice and did not outline the supports required for some residents' behaviours that challenge. One example included, where some residents who were prescribed as required medications (PRN) medications for heightened states had no information contained in their behaviour support plan as to what when this medication should be administered in order to guide staff. In addition inspectors noted from a review of daily records that PRN had been administered to a resident for reasons unrelated to behaviour.

Inspectors found from the information provided by the PLI prior to the inspection that some incidents of restrictive practices were not notified to HIQA. In addition to this inspectors observed and noted in residents personal plans that there were restrictions on access to certain items in the centre that had not been recorded as a restrictive practice. For example residents were not allowed have cigarette lighters on their persons. There were items of food locked away in a storage room along with personal items belonging to residents. Items were removed from residents' rooms when they

were displaying challenging behaviour. Inspectors were informed that these practices were for safety issues. However they were not recorded as restrictive practices and therefore never reviewed.

Inspectors found that the use of restrictive practices are not effectively monitored, supervised and reviewed and there was no evidence that other options had been tried for residents. For example, the policy states that only when an advanced physical restraint or emergency restraint used that a restrictive reduction plan should be included in the behaviour support plan. It did not include how agreed restrictive practices were reviewed and the measures in place to try and reduce the use of restrictive practices. In addition inspectors observed bruising on one residents arm on the morning of the inspection. This was discussed with the person in charge and a member of the clinical team with responsibility for behaviour support who was at the centre on the day of the inspection. They informed inspectors that bruising can occur when restraint has been used. Inspectors were informed that a body chart was normally completed along with an incident report form and that the incident report form was then reviewed by the behaviour team. However when inspectors reviewed this process, it was found that there were no clear guidelines in place for staff regarding this.

Intimate care plans were in place, however they were not detailed enough to guide practice and did not include all of the assessed needs of residents. In addition other assessed needs had no guidelines in place as to how the resident was supported. The examples of which were outlined to the provider at the feedback meeting.

Judgment:
Non Compliant - Major

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:
Safe Services

Outstanding requirement(s) from previous inspection(s):
No actions were required from the previous inspection.

Findings:
Overall inspectors found that incidents of restraint had not been notified to HIQA in line with the regulations.

Inspectors found from viewing records that some restrictive practices used in the centre were not being recorded as a restrictive practice and had not been notified to HIQA.

Judgment:

Non Compliant - Major

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall inspectors found that residents had healthcare assessments in place, however improvements were required in the review of residents plans, the response to specific care interventions and timely access to healthcare professionals.

Inspectors found that residents had an assessment of need in place. There was access to allied health professionals in the service, however on reviewing daily records it was found that timely access was not available to a dentist or general practitioner (GP). For example it was noted that a need had been identified for access to a GP and/or Dental services. However this was not provided in a timely fashion. The specific detail in relation to this issue was provided separately during feedback.

Inspectors viewed annual reviews that had taken place. Family members were present. There was no clear review of resident's personal plan and how the outcomes were improving the quality of life for the resident.

In addition medication management plans were not followed through. For example on personal plan read that the regional manager and clinic team should be informed when a resident refuses medication. There was no evidence of this being reviewed and no evidence that the residents GP was aware of this.

Inspectors also found that recommendations from a neuro psychiatrist had not been implemented. For example it was recommended to try and get family involved in a residents care as a way of improving outcomes for the resident. However there were no records to show that this had been followed up. Staff informed the inspector that this was raised with family at an annual review, however there was no record of this contained in this residents annual review meeting.

Judgment:

Non Compliant - Major

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall inspectors found that the statement of purpose provided did not reflect the services provided in the centre.

Inspectors found that the statement of purpose did not reflect the services provided in the centre. For example inspectors found from the directory of residents maintained in the centre that four residents had been discharged from the centre and four residents had been admitted to the centre since that last inspection. The statement of purpose did not contain information on the admissions and discharges from one centre to another. The statement of purpose states that this designated centre can be called 'a home and that they endeavour to mirror a family/home environment'. The practice of constantly changing residents was not found to be reflective of this statement. In addition a number of other findings were found:

- the specific care needs that the designated centre intended to meet did not include all care needs. For example residents who had epilepsy, mobility issues, challenging behaviour, acquired brain injury and Asperger's
- the whole time equivalents for the centre were not accurate. For example it stated that 33 social care workers were in the centre. This was not correct as not all staff were qualified social care workers. In addition rosters reviewed by inspectors found that the numbers of staff employed was not consistent with the numbers of staff on the rosters. In addition it was not clear what the role of a nurse who is employed in the centre was and what supports they provided to residents
- the organisational structure in the centre had not been amended to reflect recent changes in management
- some residents did not have access to certain areas of the centre. For example it stated that residents had access to a sensory room, inspectors found that only one resident had access to this
- layout of the centre was no clearly specified in the statement of purpose. For example the centre is split into a male side and a female side
- there was no arrangements in place for the supervision of specialist techniques used in the centre
- the information set out in the Certificate of Registration.

Judgment:

Non Compliant - Moderate

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall inspectors found that there were management systems in place but significant improvements were required given the findings of the report.

Not all components of this outcome were reviewed. Inspectors found on the day of the inspection that effective management systems were not in place so as to ensure the overall safe delivery of care in the centre. For example on the morning of the inspection, inspectors met with two staff who were unsure who was in charge on that particular day. In addition they were not aware of whether the person in charge was present.

Inspectors also found that given the significant failing in this report that the governance and management systems in place were not effective in providing safe services for the residents who resided there.

Judgment:

Non Compliant - Major

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall inspectors found that the staff members did not have the necessary skills to care for residents with specialist care needs.

Inspectors found that staff were responsive to residents and engaged with residents in a timely manner, however staff had not received specialised training in the needs of the residents. For example specific mental health conditions.

Inspectors found that there was a high turnover of staff in the centre. From talking to staff, inspectors found that staff were moved regularly between designated centres. For example, five staff had recently been moved with another resident who had been discharged. On viewing staff rotas from last year and this year inspectors found that out of twenty seven staff listed on the roster at inspection, twenty of them were new staff in comparison to the same time last year. Inspectors found that this was not providing consistency of care for residents. Residents care plans included an identified need for a continuity of support from consistent staff who were trained in the area of mental health.

In addition inspectors found that staff who were new to the centre did not receive adequate supervision appropriate to their role. For example, one staff member met by inspectors had only started in the centre on the day of the inspection. They informed inspectors that they had already completed three days induction in the administration offices of the broader service. They were now to shadow a staff for one day to gain insight into care practices. This information was confirmed by the person in charge. However inspectors found that this was not adequate given the significant needs of residents and the levels of support they were assessed as needing. For example each resident had five files that outlined their needs and staff would not have the time to read all of these care notes in order to guide their practice.

Judgment:

Non Compliant - Major

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall inspectors found that records listed in Part 6 of the regulations were maintained in the centre but that they were not easily accessible and some of the information was not recorded accurately.

Inspectors found that each resident had five folders of information contained in their personal plan and therefore it was difficult to find information. Information in some of the records was not completed in full. For example gaps were evident in incident report forms. In addition the records were inconsistent and inaccurate in some places. For example one residents risk assessment stated that they could not go out unsupervised in the community due to their epilepsy, however from records reviewed this resident did not have a diagnosis of epilepsy. Another risk assessment stated that a resident has 2:1 support, however inspectors were informed that this was only available during certain times of the day.

Judgment:

Non Compliant - Moderate

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Anna Doyle
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Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	Broadleaf Manor
Centre ID:	OSV-0003397
Date of Inspection:	05 May 2016
Date of response:	13 July 2016

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Some behavioural support plans did not identify how privacy and dignity should be maintained and promoted during incidents of behaviours that challenge.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

1. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:

All behavioural support plans to be updated to include how each resident's privacy and dignity is to be maintained and encouraged during incidents of behaviours that challenge.

Proposed Timescale: 15/08/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Information of a personal nature was recorded on the complaints log about one resident.

There were no records as to how one resident was supported on the actions taken by the provider after a complaint had been made about them by another resident.

2. Action Required:

Under Regulation 09 (3) you are required to: Ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.

Please state the actions you have taken or are planning to take:

The Complaints log is to be reviewed in full to ensure any information of a personal nature of any resident is removed.

The Centre's Complaint's, Comments and Compliments Policy was updated to include complainant's satisfaction section.

The Centre's Complaint's, Comments and Compliments Policy will be updated to ensure records are kept on how residents are supported following complaints.

Proposed Timescale: 01/08/2016

Theme: Individualised Supports and Care

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Residents personal property was not respected. The details of which are outlined in this report.

3. Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.

Please state the actions you have taken or are planning to take:

The PIC in the Centre is to ensure all staff in the Centre are respecting resident's personal property at all times.

The Centre's Policy on Control of Customer Property to be updated.

Proposed Timescale: 01/08/2016

Theme: Individualised Supports and Care

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

It was not recorded whether the complainant was satisfied with the outcome of the complaint.

There were no records as to how one resident was supported after a complaint had been made.

One concern raised had not been dealt with in line with the complaints policy.

4. Action Required:

Under Regulation 34 (2) (f) you are required to: Ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, the outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.

Please state the actions you have taken or are planning to take:

The Centre's Complaint's, Comments and Compliments Policy was updated to include complainant's satisfaction section.

The Centre's Complaint's, Comments and Compliments Policy will be updated to ensure records are kept on how residents are supported following complaints.

All complaints are to be dealt with in line with the Centre's Complaint's, Comments and Compliments Policy.

Proposed Timescale: 01/08/2016

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The admission policy did not reflect the need to consider the wishes of other residents residing in the centre.

There were no records that stated whether the admission of one resident was in line with the services outlined in the statement of purpose.

5. Action Required:

Under Regulation 24 (1) (a) you are required to: Ensure each application for admission to the designated centre is determined on the basis of transparent criteria in accordance with the statement of purpose.

Please state the actions you have taken or are planning to take:

The Centre's Admission, Discharge and Transition Policy to be updated to include the following:

- The need to consider the wishes of other residents residing in the Centre.
- To ensure admissions to the Centre are in line with the Centre's statement of purpose.

Proposed Timescale: 01/08/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Transitions that included an assessment on the impact residents admitted to the centre may have on other residents in the centre, did not effectively outline how residents living in the centre would be supported.

6. Action Required:

Under Regulation 24 (1)(b) you are required to: Ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.

Please state the actions you have taken or are planning to take:

All control measures are to be included within the Impact Risk Assessments in order to mitigate risks effectively while outlining how residents living in the Centre would be supported.

Proposed Timescale: 01/08/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Contracts for the provision of services were not signed by the resident or their representative where appropriate.

7. Action Required:

Under Regulation 24 (3) you are required to: On admission agree in writing with each resident, or their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.

Please state the actions you have taken or are planning to take:

The PIC in the Centre to ensure all contracts for the provision of services are either signed by the resident or their representative.

Proposed Timescale: 01/08/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The contracts for the provision of services did not outline what personal items residents may be charged for.

The contracts of care were generically written for all residents and did not outline all the services provided in the centre.

8. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:

A full review of the Centre's contracts for the provision of services to take place and to include the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

The Centre's Statement of Purpose to be updated to include the new contracts for the provision of services.

Proposed Timescale: 15/08/2016

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The premises were not clean on the day of the inspection.

Areas of the centre required maintenance and repair.

The centre was not adequately ventilated on the day of the inspection.

9. Action Required:

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

Please state the actions you have taken or are planning to take:

The Centre has been completely cleaned and will be monitored on a daily basis by the PIC and deputy team leaders in the Centre. The Quality department will complete monthly hygiene audits in the Centre to ensure further compliance.

All areas of the Centre that required maintenance and repair have been complete. This will be monitored on a daily basis by the PIC and deputy team leaders in the Centre and when any repairs are required they are to be logged on the maintenance manager system immediately. The PIC of the Centre is to alert the maintenance supervisor of all works logged on the maintenance system.

The heating and ventilated in the Centre to be review to ensure adequately ventilated at all times.

Proposed Timescale: 01/08/2016

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Debriefing for staff after an incident of challenging behaviour was not taking place as outlined in the service policy.

Incidents were not effectively reviewed so as to identify trends and inform future practice.

Residents individual risk assessments did not include all control measures and some control measures identified were not implemented into practice.

10. Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

Please state the actions you have taken or are planning to take:

PIC to ensure that debriefings for staff take place after all incidents of challenging behaviour.

PIC to receive training on trend analysis to identify incident trends and inform future practice. The Centre's Behavioural Specialist to provide the Centre with monthly trend analysis of incidents and present at team meetings. Trends identified will be implemented into practice in a number of ways;

1. Through behavioural support plans MEBSP
2. Training as required for staff team
3. Environment changes if required
4. MDT involvement if required

A full review of risk assessments in the Centre to ensure all control measures are identified and implemented in practice.

Proposed Timescale: 15/08/2016

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The policy in the centre for the unexplained absence of a resident did not guide practice.

11. Action Required:

Under Regulation 26 (1) (c) (i) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the unexplained absence of a resident.

Please state the actions you have taken or are planning to take:

The Centre's Policy to be reviewed to ensure that measures and actions are in place to control and guide practice of any unexplained absence of a resident from the Centre.

All Standing Operation Procedures on absconding for specific residents to be updated.

Proposed Timescale: 15/08/2016

Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Behaviour support plans did not include all interventions in place to manage challenging behaviours.

12. Action Required:

Under Regulation 07 (3) you are required to: Ensure that where required, therapeutic interventions are implemented with the informed consent of each resident, or his or her representative, and review these as part of the personal planning process.

Please state the actions you have taken or are planning to take:

All Behaviour Support Plans are being reviewed to identify actions to address non compliances and interventions in place to manage challenging behaviours.

Proposed Timescale: 15/08/2016

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Restrictive Practices were not effectively reviewed in the centre.

There was no records that restrictive practice were reviewed to show the least restrictive practice was been implemented

The restrictive practice policy did not guide best practice.

13. Action Required:

Under Regulation 07 (4) you are required to: Ensure that where restrictive procedures including physical, chemical or environmental restraint are used, they are applied in accordance with national policy and evidence based practice.

Please state the actions you have taken or are planning to take:

All restrictive practices are currently being reviewed in the Centre on a monthly basis at the team meeting. The Person in Charge will meet quarterly with the MDT to review restrictive practices in the Centre for agreement of same.

Restrictive Practice Policy is currently being reviewed to guide best practice in line with National Policy and evidence based practice.

Proposed Timescale: 15/08/2016

Theme: Safe Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Incidents of bruising were not accurately recorded and there was no guidance in place for staff on how to deal with this.

One concern raised was not dealt with under the safeguarding policy.

14. Action Required:

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

Please state the actions you have taken or are planning to take:

All staff to be debriefed on accurate recording of unexplained bruising and a full review of Risk Management Policy and Safe Guarding Policy is being completed.

Staff Team to be debriefed on the Safe Guarding Policy at the Team Meeting.

Proposed Timescale: 15/08/2016

Outcome 09: Notification of Incidents

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Not all restrictive practices used in the centre were notified to HIQA.

15. Action Required:

Under Regulation 31 (3) (a) you are required to: Provide a written report to the Chief Inspector at the end of each quarter of any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.

Please state the actions you have taken or are planning to take:

A full review of all restrictive practices used in the Centre to take place every quarter to ensure these are notified to HIQA.

Proposed Timescale: 01/08/2016

Outcome 11. Healthcare Needs

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Clinical interventions were not implemented in full and there was no effective review of this.

The annual review did not effectively reviewed quality of life issues for the resident.

16. Action Required:

Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

Please state the actions you have taken or are planning to take:

Clinical interventions will be reviewed in full and implemented in the Centre.
The annual review for the Centre will be reviewed to capture quality of life issues for the resident.

Proposed Timescale: 15/08/2016

Theme: Health and Development

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

Recommendations from allied health professionals were not implemented.

17. Action Required:

Under Regulation 06 (1) you are required to: Provide appropriate health care for each resident, having regard to each resident's personal plan.

Please state the actions you have taken or are planning to take:

All recommendations from allied professional will be reviewed and implemented in the Centre having regard to resident's Personal Plan.

Proposed Timescale: 15/08/2016

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Access to a GP/ dentist was not timely in order to meet residents needs.

18. Action Required:

Under Regulation 06 (2) (d) you are required to: When a resident requires services provided by allied health professionals, provide access to such services or by arrangement with the Executive.

Please state the actions you have taken or are planning to take:

If access to a GP/Dentist is not done in a timely manner due to refusal the following will be completed;

The PIC is to ensure the following is done in relation to all residents in the Centre;

2. Record all refusal of treatment whether this is attendance to an allied health professional or refusal of medication in the individual medication record sheet and

health plan.

3. The staff nurse will assess the need for medical attention.

4. If a GP is called to attend the Centre this will be recorded in a professional contact form, which will be kept in the residents Health Folder.

5. Outside normal working hours, an on call system is available to staff for support.

6. An Occupational First Aider will be available to assess the resident on a daily bases.

7. Key workers and staff nurse will educate the residents through key working session.

8. If emergency treatment is required outside office hours, an on call support is available to staff to ensure the correct emergency procedures are carried out such as out of hours GP/ ambulance.

9. All refusals of appointments will be escalated to the clinical meeting to have input from the MDT on an individual basis.

Proposed Timescale: 01/08/2016

Theme: Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

There was no record whether a resident's right to refuse treatment had been brought to the attention of their GP.

19. Action Required:

Under Regulation 06 (2) (c) you are required to: Respect and document each resident's right to refuse treatment and bring the matter to the attention of the resident's medical practitioner.

Please state the actions you have taken or are planning to take:

All records on communicating with GP's on resident's refusal of treatment to be recorded in the Health Folder.

Proposed Timescale: 01/08/2016

Outcome 13: Statement of Purpose

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The statement of purpose required amendments to reflect the services provided in the centre as outlined in the body of the report.

20. Action Required:

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Please state the actions you have taken or are planning to take:

The Centre's Statement of Purpose to be updated to reflect the services provided in the Centre.

Proposed Timescale: 15/08/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The governance and management systems in place in the centre were not effective.

21. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:

The management and ways of working to be reviewed in full in the Centre.

The review is been under taken in the following way;

- Quality Assurance department to do full audit in the Centre looking at;
- Health and Safety
- Restrictive Procedures
- Use of Information
- Access to Services
- Use of Resources
- Personal Plan Review
- Bi-Annual house Audit

Each of the audits will have a report and action plan that has to be implemented in the Centre by the PIC.

Proposed Timescale: 15/08/2016

Outcome 17: Workforce

Theme: Responsive Workforce

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

The high staff turnover in the centre was not meeting the assessed needs of residents.

22. Action Required:

Under Regulation 15 (1) you are required to: Ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.

Please state the actions you have taken or are planning to take:

The roster will be supported in the first instance with a core staff team. In addition to this, a designated relief staff panel will be assigned to the Centre, thus ensuring consistency of staff at all times.

The Centre's Statement of Purpose will be updated to reflect same.

Proposed Timescale: 15/08/2016

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

Staff had not received training in mental health specific to the centre.

23. Action Required:

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

Please state the actions you have taken or are planning to take:

Staff groups in the Centre are currently receiving training on mental health specific to the resident's needs.

Proposed Timescale: 15/08/2016

Theme: Responsive Workforce

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

New staff did not receive adequate supervision and induction to the centre.

24. Action Required:

Under Regulation 16 (1) (b) you are required to: Ensure staff are appropriately supervised.

Please state the actions you have taken or are planning to take:

We are currently reviewing our entire training and induction programme to ensure we are meeting the needs of the residents. In addition to this, all staff will receive a local induction into the Centre in accordance with the Local Staffing and Induction policy. The Training and Development department will oversee this to ensure that this is being complete with associated signed documentation to support same.

Proposed Timescale: 15/08/2016

Outcome 18: Records and documentation

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:

There were gaps evident in some of records contained in residents files.

Some of the information contained in the files was not in line with residents' assessed needs.

25. Action Required:

Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

Please state the actions you have taken or are planning to take:

All records will be fully reviewed and will be updated in line with resident's assessed needs.

Proposed Timescale: 15/08/2016