



Report of an inspection of a Designated Centre for Disabilities (Children)

Issued by the Chief Inspector

Name of designated centre:	Bridge View
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kilkenny
Type of inspection:	Unannounced
Date of inspection:	31 July 2019
Centre ID:	OSV-0005848
Fieldwork ID:	MON-0026110

About the designated centre

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

Bridge View is a designated centre that provides 24-hour care to children, both male and female aged between 12 to 17 years of age with a wide range of support needs including autism, intellectual disability and challenging behaviours. The property is a detached two-story building located in a rural area of Co.Kilkenny. The centre is located close to Waterford City, where a number of local amenities are located including shops, clubs, coffee shops, restaurants and beaches. The buildings ground floor comprises of a kitchen, dining room, living room, utility room, entrance hall, bathroom and staff room. On the first floor there are four en-suite bedrooms, and a landing. There is also a larger recreation room adjacent to the house. The property is surrounded by gardens to the front and rear of the building. The centre is staffed by 17.5 full time staff and 4 relief staff and there is also a person in charge working in the house on a weekly basis. Should additional staff be required, the provider will respond to residents dependencies which may increase or decrease accordingly. Staff also support residents with specific dietary and healthcare needs like epilepsy, diabetes, and asthma. The Bridge View Team uses a social model of care. Nua Healthcare also provides the services of a Multidisciplinary Team. These services include; Psychiatrist, psychologist, Occupational Therapist, Speech and language Therapist and nurses.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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How we inspect

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 - 2015 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
31 July 2019	10:30hrs to 17:30hrs	Sinead Whitely	Lead

What residents told us and what inspectors observed

There were four children residing in the centre on the day of inspection. The inspector had the opportunity to meet and speak with two of these individuals. Residents had the ability to communicate their feelings verbally.

One resident spoke one to one with the inspector about their successful transition to the centre a few months previously. The resident communicated they felt safe in the centre and well supported by staff. Activities they enjoyed attending regularly included going to the gym, coffee shops and playing basketball. The resident had an upcoming birthday and was planning how to celebrate this with support from staff. The resident communicated they had no complaints, and knew who to speak with should they have a complaint or concern.

The inspector observed the residents watching television, playing games, going for a drive and accessing summer learning support with a teacher on the day of inspection. Familiar and warm interactions were observed between staff and residents. Residents appeared comfortable in their space and had personalised the centre and their own bedrooms to suit their own individual preferences.

The children had access to a large outdoor space with views of the surrounding area and river. The outdoor area had facilities including a basketball hoop, swings and a trampoline. The inspector observed a large mural that had been painted by children and staff on the back garden fence. Staff and children communicated that this was a fun activity they had decided to complete over the summer.

Capacity and capability

This was the designated centres first inspection since the centre was registered. The inspector identified positive findings on the day of inspection. Overall, children appeared happy and safe living in the centre.

Appropriate systems were in place for the oversight and management of the designated centre. The person in charge (PIC) had a shared role with one other designated centre. The centre was also supported by a team leader who was present in the centre in the absence of the PIC. There was also two deputy team leaders in place. Audit systems were in place that were identifying any areas in need of improvement. A weekly governance matrix report was completed by the PIC or team leader. This was then issued to the operations manager and senior management team for analysis. The report highlighted areas including safeguarding issues, accidents and incidents, restraints used, and medication errors. Actions were formulated from the report and persons responsible for these actions identified. The

agenda for management meetings were partly guided by this report. The weekly reports were then utilised to trend incidents of concern and to review how to reduce these incidents. Six monthly unannounced thematic inspections were completed by a person nominated by the provider. Actions and persons responsible were also identified following these inspections. There was an on-call management to at all times to support staff, should the need arise.

The centre had appropriate staffing levels and skill mixes in place to support the children living there. All children had a minimum of one to one staff support in place during the day. Two waking night staff members were present in the centre overnight. Staffing levels were regularly reviewed and further staff were provided when needed. There was an internal staff relief system in place that covered staff illness and annual leave. This supported continuity of care for residents. Regular performance management and supervision was completed with staff by line managers. Group supervisions were also completed with PICs from other designated centre and this was utilised as a system for shared learning. A staff rota was in place on the day of inspection and this was maintained to accurately identify staff on duty.

All staff had received up-to-date mandatory training. Training was appropriate to meet the assessed needs of the children living there. Training had been completed in areas including medication management, fire safety, manual handling, positive behavioural support, person centred planning, childrens first, food safety, hand hygiene, safe guarding, and first aid. The human resources (HR) team and the person in charge completed regular analysis on the training needs of the staff team and training and refresher training was provided in line with identified needs,

There was a complaints procedure in place that was prominently displayed in the designated centre. Residents spoken with communicated no complaints on the day of inspection, and knew who to speak with should they have a complaint or concern. Any complaints recorded were treated in a serious and timely manner. Residents were supported and encouraged to communicate their thoughts regarding the service being provided.

Regulation 15: Staffing

The centre had appropriate staffing levels and skill mixes in place to support the children living there. Staffing levels were regularly reviewed and further staff were provided if needed. There was an internal staff relief system in place that covered staff illness and annual leave. This supported continuity of care for residents.

Judgment: Compliant

Regulation 16: Training and staff development

All staff had received up-to-date mandatory training. Training provided was appropriate to meet the assessed needs of the children living there. A regular analysis of staff training needs was completed and training was provided in line with these needs.

Judgment: Compliant

Regulation 23: Governance and management

Appropriate systems were in place for the oversight and management of the designated centre.

Judgment: Compliant

Regulation 3: Statement of purpose

There was a statement of purpose in place that accurately described the service being provided. This was subject to regular review and had all information set out in Schedule 1.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place that was prominently displayed in the designated centre. Residents spoken with communicated no complaints on the day of inspection, and knew who to speak with should they have a complaint or concern. Any complaints recorded were treated in a serious and timely manner.

Judgment: Compliant

Quality and safety

In general, the inspector found that the registered provider was providing a quality service to the children living in the centre. This was the centres first inspection since

registration.

The premises was suitably designed and laid out to meet the needs of the children living there. The property was a detached two-story building. The ground floor comprised of a kitchen, dining room, living room, utility room, entrance hall, bathroom and staff room. On the first floor there were four en-suite bedrooms, and a landing. The residents had decorated their individual bedrooms in line with their own preferences. There was also a larger recreation room adjacent to the house. The property was surrounded by gardens to the front and rear of the building. The outdoor area had facilities including a basketball hoop, swings and a trampoline which the children had access to. Laundry facilities were provided, and there were goals and steps in place to support residents to complete their laundry independently. Overall, the premises was clean and maintained in a good state of repair internally and externally.

The person in charge had ensured that a personal plan was in place for each resident that guided the support to be provided in line with the assessed health, personal and social care needs of the residents. A key working system was in place and key workers were responsible for updating residents weekly planners, reviewing residents goals, supporting residents to achieve goals, and ensuring all documentation was up-to-date with the residents most current needs. An individualised weekly planner was devised outlining the residents schedule for the week ahead. Annual review meetings were also scheduled. These were attended by the resident, their key worker and their preferred attendees. A social report would be compiled from this review outlining the residents plans and goals for the year ahead. Personal plans were also reviewed by a behavioural therapist with the key workers on a three monthly basis. Plans focused on the resident personal needs, health and wellness, independent skills development, foals and aspirations and behaviours that challenge.

Residents were supported to access appropriate healthcare services when required. A comprehensive assessment of need was completed prior to admission and this then guided what healthcare supports the child would need following admission. Residents had access to nursing support if required and a nurse had input into devising healthcare plans for conditions including epilepsy and asthma. Residents had access to a general practitioner (GP) and relevant referrals were made to the GP when required.

The children had access to a wide range of activities. The inspector observed a list of activities and venues that had been identified as friendly for children with autism, in line with some of the residents needs. The children enjoyed partaking in activities including going to the gym, coffee shops, playing basketball, swimming, going to local beaches, attending surf clubs, attending summer sports camps, and shopping. Two children were accessing July provision teaching on the day of inspection. One resident was also attending a youth centre. The children were also supported to visit their families and friends when possible.

Residents were supported and assisted to communicate in line with their individual needs. Staff spoken with were familiar with these needs. Access to

televisions, technology equipment and wireless Internet was provided in the designated centre. Service user forums were held monthly and this was an opportunity for residents to communicate their thoughts. Individual key worker meetings were held weekly and topics discussed included residents rights, independent skill development, data protection, fire safety and physical activity.

Appropriate systems were in place for the assessment, management and ongoing review of risk, including a system for responding to emergencies. Individual risk management plans were in place for all residents. Weekly safety checks were completed in the house and these included checking general housekeeping, fire safety, electrical safety, the working environment, heating systems and any other potential hazards. The inspector reviewed a sample of the accident and incident records and found that any incidents were appropriately recorded and responded to with a view to reduce or mitigate the risk of re-occurrence. Actions from a selection of incidents included up-skilling staff, referral of residents to members of the multi-disciplinary team, reflective practice and open discussions at team meetings.

The registered provider had ensured that effective fire management systems were in place in the designated centre. The inspector observed the centres fire safety folder. Regular evacuation drills were completed with staff and residents. These simulated both daytime and night time conditions. These were completed in an efficient manner. The centres emergency evacuation plan was prominently displayed in the centre, and all residents had an individualised emergency evacuation plan in place. Assessment questionnaires had been completed with residents to gauge their knowledge and understanding of fire safety and their ability to evacuate in the event of a fire. These were then used to inform the evacuation plans. All staff had completed mandatory fire safety training. Fire fighting equipment was in place around the designated centre and this was all serviced regularly by a fire specialist.

Staff had up-to-date training and knowledge to appropriately respond to behaviour that is challenging to support residents. Positive behavioural support plans were in place that were subject to regular review. Residents had access to a range of multi-disciplinary healthcare professionals to support them with behavioural needs, including a psychologist and a behavioural therapist. Restrictive practices identified on the day of inspection were all in line with those identified on the quarterly report submitted to the Office of the Chief Inspector. Any restrictions in place were subject to regular review and risk assessments were completed when these were implemented. However, one environmental restrictive practice was in place on the day of inspection that was not assessed by an identified associated risk. This had initially been implemented secondary to the risk of a resident absconding, however there were no residents residing in the centre who were at high risk of absconding from the designated centre on the day of inspection.

The registered provider had ensured that residents were being protected from all forms of abuse. All staff had completed training in children's first. Staff spoken with were familiar with safeguarding strategies and knew who to raise a concern with. Any incidents of concern were responded to in line with national policy and safeguarding plans were in place where appropriate. All residents had a plan in

place to guide staff when supporting residents with intimate and personal care.

Regulation 10: Communication

Residents were supported and assisted to communicate. Staff were familiar with residents individual needs. Residents had access to televisions, technology equipment and wireless internet.

Judgment: Compliant

Regulation 17: Premises

The premises was suitably designed and laid out to meet the needs of the children living there. The premises was maintained in a good state of repair externally and internally.

Judgment: Compliant

Regulation 26: Risk management procedures

Appropriate systems were in place for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Judgment: Compliant

Regulation 28: Fire precautions

The registered provider had ensured that effective fire management systems were in place in the designated centre.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured that a comprehensive assessment and personal

plan was in place for each resident that guided the support to be provided in line with the health, personal and social care needs of the residents.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to access appropriate healthcare services when required.

Judgment: Compliant

Regulation 7: Positive behavioural support

Staff had up-to-date training and knowledge to appropriately respond to behaviour that is challenging to support residents. Positive behavioural support plans were in place that were subject to regular review. However, an environmental restrictive practice was in place on the day of inspection that was not assessed by an identified associated risk.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had ensured that residents were being protected from all forms of abuse. All staff had completed training in childrens first. Any incidents of concern were responded to in line with national policy.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for Bridge View OSV-0005848

Inspection ID: MON-0026110

Date of inspection: 31/07/2019

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant 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 document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider’s responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>The restrictive practice in place using keypad entry and exit to the designated center has been reviewed at planned restrictive practice meeting by PIC with behavior specialist and it has been identified in line with service user individual risk management plans that this restriction is not necessary and has been deactivated removing the restrictive practice within the center and the impact to the service users.</p>	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	30/10/2019