



## Office of the Chief Inspector

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

Name of designated centre:	Broadleaf Manor
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	13 June 2019
Centre ID:	OSV-0003397
Fieldwork ID:	MON-0023790

## About the designated centre

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

The centre is a large detached residence located in a rural setting close to a small village in Co. Kildare. The property is subdivided into six separate living areas, four of which are self contained apartments. The property is homely, well maintained, spacious and clean. The centre provides care and support for to both male and female adults, all of whom require support around their mental health needs. The provider has supplied a number of cars in order to transport residents to their day services (in line with their preferences) and to access local amenities. Residents are support by the staff team 24 hours a day seven days a week in line with their assessed needs. The staff team comprises of a person in charge, a team leader, deputy team leaders, social care workers and assistant social care workers. Residents have access to a range of allied health professionals in line with their assessed needs.

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

Number of residents on the date of inspection:	6
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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
13 June 2019	09:30hrs to 16:30hrs	Marie Byrne	Lead

## What residents told us and what inspectors observed

The inspector had the opportunity to meet two of the residents residing in the centre on the day of the inspection. One resident who spoke with the inspector discussed their goals and achievements while living in the centre and described their plans to transition to another centre in line with their wishes. They described the supports that had been put in place to date to support this transition including meetings with staff and visiting the new centre.

The inspector had the opportunity to spend some time with another resident who showed them around their home. They discussed things that were important to them, including how they like to spend their time. They appeared comfortable in their home and with the levels of support offered by staff.

From reviewing documentation and speaking with residents and staff it was evident that residents were actively participating in their local community. They had access to vehicles to support them to do this. They were meeting with their keyworkers regularly to discuss their goals and steps required to achieve them. During keyworker sessions residents had opportunities to discuss all aspects of care and support in the centre. They had access to advocacy supports if they so wish and some residents were accessing these supports regularly.

Residents were afforded the opportunity to give feedback on the quality and safety of care in the centre through a satisfaction survey. The inspector reviewed the latest surveys which residents had completed or were supported to complete. The majority of feedback in these surveys were complimentary towards the care and support in the centre. The survey indicated that residents were satisfied with their home, their involvement in the day-to-day running of the centre and how their choices were facilitated. There were some areas for improvement identified in these reviews and the person in charge was in the process of collating the data to contribute to the latest annual review of care and support for the centre. The person in charge described plans to follow up with residents on their individual surveys.

## Capacity and capability

Overall, the inspector found that there were appropriate systems in place to monitor the quality of care and support for residents. Governance and management arrangements had been further strengthened since the last inspection and this was positively impacting the quality of care and support for residents. The provider and person in charge were completing regular audits including the annual review and six monthly visits by the provider. These reviews were identifying areas for

improvement in line with the findings of this inspection.

This inspection was in response to the provider submitting an application to the Office of the Chief Inspector (OCI) to vary the conditions of registration of the centre. The provider had changed the layout of the centre to include a further two self contained apartments in the centre. The provider had submitted all the required information with the application to vary.

The person in charge and new director of operations in the centre facilitated the inspection. The inspector found that they were both knowledgeable in relation to residents' care and support needs and their responsibilities in relation to the regulations. The inspector also had an opportunity to meet with the behaviour specialist in the centre who outlined the supports they had in place for residents and staff in the centre. There were clearly defined management structures in the centre which identified the lines of authority and accountability. Staff had specific roles and responsibilities for aspects of residents' care and support. The staff team reported to the person in charge who in turn reported to the director of operations (DOO). There was a team leader and two deputy team leaders in the centre who were responsible for the day-to-day running of the centre in the absence of the person in charge. Both the person in charge and team leader in the centre, were additional to the daily staffing numbers. This was positively impacting on the day-to-day management of the centre and leading to positive outcomes for residents in relation to achievement of their goals and their levels of meaningful activities. The person in charge and director of operations were meeting regularly and the person in charge was completing weekly reports to the DOO which reviewed areas such as incidents, the use of restrictive practices, medication errors, safeguarding and other aspects of care and support in the centre. The DOO was then completing a report to the board of directors. Feedback from these reports was reviewed and actions developed which outlined the who was responsible for these actions. There was evidence that the actions developed as part of these reviews were leading to positive outcomes for residents and contributing to the improved levels of compliance with the regulations in the centre.

Residents were supported by the right number of staff, in line with their assessed needs. Throughout the inspection they appeared happy, relaxed and to be engaging in activities of their choosing. Staff members who spoke with the inspectors were knowledgeable in relation to residents' care and support needs. They had completed mandatory training and refreshers in line with the organisations' policy and procedures. Staff were in receipt of regular formal supervision to support them to carry out their roles and responsibilities to the best of their abilities. Staff meetings were held regularly and agenda items were found to be resident focused and identifying areas for improvement which were leading to improvements in relation to care and support for residents in the centre.

Registration Regulation 8 (1)

The provider submitted an application to vary one of the conditions of registration, in relation to the design and layout of the centre in line with the statement of purpose. They submitted all the information required by the regulations.

Judgment: Compliant

### Regulation 15: Staffing

Staffing arrangements in place were in line with the centres' statement of purpose and were sufficient to meet residents' needs. Residents appeared comfortable with staff and the level of supports available to them. Staff who spoke with the inspector were knowledgeable in relation to residents' specific care and support needs.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training and refreshers in line with residents' needs. They had also completed additional training in line with residents' needs and were in receipt of regular formal supervision.

Judgment: Compliant

### Regulation 23: Governance and management

The centre was well resourced and there were clearly defined management structures in place. Staff had specific roles and responsibilities in relation to residents' care and support. There were systems in place to monitor the quality and safety of care and support for residents such as the annual review and six monthly visits by the provider.

Judgment: Compliant

### Quality and safety

The inspector found that the provider and person in charge were monitoring and reviewing the quality of the service provided for residents to ensure it was of a good

quality and that people were safe. The governance and management arrangements and systems in the centre had been strengthened which had led to improvements in relation to care and support for residents.

The centre was well managed and residents were being supported to gain independence and make choice in their daily lives. They had opportunities to be involved in the day-to-day running of their home and take part in activities in line with their interests and wishes.

The premises was warm, comfortable, homely and well maintained. The design and layout was currently meeting residents' needs and in line with the statement of purpose. The recent works to add additional self-contained apartments in the centre had been completed to a high standard. The apartments were clean, spacious and designed to meet the residents' needs. There was plenty of private and communal accommodation for residents in the centre.

Personal plans were being reviewed six weekly with the behaviour therapist, keyworker and administration staff and actions were being developed from these reviews. There was evidence that these reviews were bringing about improvements. However, in line with the findings of reviews by the provider, the inspector found some gaps in residents' personal planning documentation. These gaps were not contributing to significant risk for residents. However, they required review to ensure information was consistent and guiding staff practice to support residents with their care and support needs.

Restrictive practices were assessed and reviewed regularly to ensure the least restrictive were implemented for the shortest duration. Staff had the up-to-date knowledge and skills to support residents to meet their assessed needs. Residents had access to the support of relevant allied health professionals in line with their needs and their plans were reviewed and updated regularly.

Residents were protected by appropriate transition planning in the centre. A number of residents had recently transitioned into the centre. The inspector reviewed a number of residents' transitions plans. They had been supported to transition in line with their wishes and preferences. Comprehensive needs assessments were completed in line with detailed transition plans which recorded each step of the transition process.

Residents were protected by appropriated risk management policies, procedures and practices. There was a system for keeping residents safe while responding to emergencies. There was a risk register and risk assessments which was reviewed and updated regularly in line with incidents. Incident review and tracking was evident, as was the learning following incidents.

Residents were protected by the arrangements in place to detect, contain and extinguish fires. There was evidence that equipment was maintained and regularly serviced in line with the requirement of the regulations. Each resident had a personal emergency evacuation procedure in place and there was evidence that these were reviewed regularly and changes made in line with learning from fire

drills.

### Regulation 17: Premises

The centre was clean and kept in a good state of repair. The design and layout was in line with the centres' statement of purpose and was meeting the number and needs of residents in the centre

Judgment: Compliant

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

Residents who had recently transitioned into the centre had received the necessary supports as they transitioned. There were comprehensive needs assessments completed and clear step-by-step transition plans in place to ensure transitions occurred at a pace suitable to the them.

Judgment: Compliant

### Regulation 26: Risk management procedures

Residents were protected by appropriate risk management polices, procedures and practices. General and individual risk assessments and the local risk register were in place and reviewed regularly.

Judgment: Compliant

### Regulation 28: Fire precautions

There were suitable arrangements in place to detect and extinguish fires and evidence of servicing of equipment in line with the requirements of the regulations. Staff had appropriate training, fire drills were held regularly and residents had personal emergency evacuation plans.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

Residents' personal plans were person-centred and each resident had access to a keyworker to support them to develop their goals. However, in line with the finding of the providers' audits there were some gaps in documentation in some residents' personal plans.

Judgment: Substantially compliant

## Regulation 7: Positive behavioural support

Residents had access to the support of relevant allied health professionals to support them. There was evidence of regular review of residents' plans to ensure they were effective. Staff had access to relevant training and refreshers to support residents. There was evidence that restrictive measures were reviewed regularly to ensure the least restrictive were used for the shortest duration.

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
<b>Capacity and capability</b>	
Registration Regulation 8 (1)	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant

# Compliance Plan for Broadleaf Manor OSV-0003397

Inspection ID: MON-0023790

Date of inspection: 13/06/2019

## 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 5: Individual assessment and personal plan	Substantially Compliant
Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan: A full review of all resident’s personal plans and individual risk management plans is to be conducted by the PIC to ensure all gaps in documentation are addressed.	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	09/08/2019