

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Broadleaf Manor
<b>Centre ID:</b>	OSV-0003397
<b>Centre county:</b>	Kildare
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Nua Healthcare Services Unlimited Company
<b>Provider Nominee:</b>	Shane Kenny
<b>Lead inspector:</b>	Jillian Connolly
<b>Support inspector(s):</b>	Michael Keating
<b>Type of inspection</b>	Unannounced
<b>Number of residents on the date of inspection:</b>	7
<b>Number of vacancies on the date of inspection:</b>	2

## **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 to inform a registration decision. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 20 September 2017 08:30 To: 20 September 2017 16:30

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

Outcome 04: Admissions and Contract for the Provision of Services
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 14: Governance and Management

**Summary of findings from this inspection**

Background to the inspection:

This was the fifth inspection of the centre. Since May 2016, HIQA had concerns regarding the quality of service being provided to residents. As a result, the provider was subject to a regulatory plan which resulted in a notice of proposal to cancel the registration of the centre being issued in May 2017. In line with the Health Act 2007, the provider submitted a representation to HIQA in response to this. The purpose of this inspection was to identify if the provider had taken sufficient action to safeguard residents, while more substantial changes were being made to the operation of the centre. This inspection focused on specific outcomes that relate to the safety of residents and risk management in the centre.

How we gathered our evidence:

As part of this inspection, inspectors met two residents. Inspectors also met with staff and reviewed documentation such as residents' personal plans, health and safety documentation and audits. Residents, management and staff facilitated the inspection.

Description of the service:

The designated centre is one house and operated by Nua Healthcare Services. The centre is registered for both male and female residents.

Overall findings:

Inspectors found that while safeguarding concerns remained in the centre, the provider had taken sufficient action to address the immediate risk to residents while

additional actions such as the ongoing review of the compatibility of residents were occurring. Additional resources had been allocated to the centre to provide additional supervision of residents. There had also been additional resources allocated to strengthen the governance and management structures. There had been a change to the management team. A review had occurred to the assessment and management of risk. Inspectors found that there was a notable reduction in the use of physical restraint and psychotropic medications in response to adverse events. Staff had also received additional training in support around the provision of positive behaviour support.

Inspectors acknowledged that there was a short time frame since the last inspection. As a result, areas for additional improvement were identified in risk management, safeguarding and the oversight of the quality and safety of care. Fundamentally, inspectors found that the centre is currently home to 7 individuals and at times during the day there could be up to 9 staff on duty with an additional 2 support staff who were not employed to support residents directly. The combination of 18 individuals in one centre did not reflect a homely environment. The findings of this inspection are written under four Outcomes in this report and the actions the provider is required to take is in the action plan at the end of this report.

**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 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):**

The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**

The provider had committed to no new admissions to the centre until the compatibility review and subsequent transitions for residents had been fully completed. This was done to ensure the quality and safety of care of current residents. Inspectors confirmed that the provider had adhered to this commitment and commenced work on implementing a new admissions process for the centre. This included the development of a new policy which identified the procedure to be followed to ensure that all future admissions would be based on clear and transparent criteria and in line with the statement of purpose of the centre. The procedure also included mechanisms to ensure that existing residents would be safeguarded from abuse by their peers going forward.

The role of the person in charge in the admissions policy had developed and the person in charge had received training in the policy and procedure.

**Judgment:**

Compliant

**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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Inspectors identified an improvement in the systems in place to promote the health and safety of residents, staff and visitors. The provider had stated in the representation submitted to HIQA that a complete review of the incident reporting process would occur to mitigate risks in order to actively provide the safest environment. Inspectors found that work had commenced and the provider had developed the systems as stated. This resulted in a significant reduction in the number of adverse events occurring in the centre. However, the implementation of the systems required additional work to ensure it resulted in consistent positive outcomes for residents.

A centre specific risk register had been developed for the centre. This identified the most significant risks to individual residents and the control measures in place. It was a standing item on the agenda for the daily staff handovers and staff demonstrated that they were aware of the control measures. However, inspectors found that the response to adverse events did not consistently include appropriate reviews of associated risks. Therefore, there was an absence of appropriate control measures implemented. For example, inspectors reviewed a sample of incident forms which had involved known risks. Control measures had not been reviewed following the incidents to ensure that they were effective. Therefore, additional supports to reduce the likelihood of a reoccurrence had not been identified.

Inspectors observed the centre to be clean on this inspection. The provider had undertaken a deep clean of the centre and employed a regular team to maintain the cleanliness of the centre.

The provider had demonstrated a responsive approach to the failings identified in the fire management systems in May 2017. This included adaptations to the building to ensure that there were adequate arrangements in place for the containment of fire if required. Improvements had also been made to the arrangements in place to ensure that all residents could be evacuated to a place of safety if required. This included an increase in the drills occurring and additional education to residents.

**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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

Inspectors found that while safeguarding concerns remained within the centre, appropriate interim measures were in place to safeguard residents while longer term measures were being implemented. Staff had received updated training in the prevention and response to allegations of abuse. Safeguarding plans had been developed for individual residents and were a standing item during the daily handovers for staff. Additional staff had also been placed on duty to provide additional supervision. A resident told inspectors that they liked living in the centre.

Inspectors also found that the risk to residents was also reduced due to the improvements in the provision of positive behaviour support. There had been a significant reduction in the use of physical restraint and the use of psychotropic medication in response to adverse events. Staff had been provided with additional support and informed inspectors that this had positively impacted on their ability to support residents. While inspectors acknowledged this improvement, there remained areas in which additional work was required to ensure that all efforts were made to identify and alleviate the cause of a resident's behaviour and that restrictive practice was reviewed regularly to justify its use and to ensure it was used for the shortest duration.

Residents who required positive behaviour support had been assessed by allied health professionals and had a plan in place. Inspectors found that the plans identified proactive and reactive strategies to guide staff of the supports to be provided to residents. Inspectors found that records did not consistently demonstrate that all proactive strategies had been implemented prior to a restrictive practice being used. Reviews did not always consider the cause of a resident's behaviour and as a result support plans were not reviewed to identify if the strategies were effective.

Inspectors had previously identified a restrictive practice which were being used outside the direction of allied health professionals. No action had been taken to address this.

**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):**

Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**

As stated previously, the purpose of this inspection was to assess if the provider had responded appropriately to serious deficits in the quality and safety of care provided to residents in line with the representation submitted to HIQA. Overall, inspectors found that the provider had an appropriate response and had completed or were in the process of completing the actions identified in the representation. This had improved the safety of the service delivered. However, additional work was required to ensure that there was adequate oversight of the care and support provided to residents to ensure that it was effective and in line with their assessed needs.

There had been changes to the management team since the inspection of May 2017. This included a change to the person in charge and the team leader. The person in charge was unable to attend the inspection. They will be formally interviewed by HIQA as part of the ongoing regulatory process. However, feedback from the staff team regarding the role of the person in charge and their impact on service delivery was positive. There had also been additional resources allocated to the centre to provide oversight of the care provided to residents.

The provider had developed a quality assurance plan at the request of HIQA which outlined the measures which were implemented to reduce the risk to residents. Inspector found that these measures were effective. However, there remained an absence of oversight of the day to day care provided to residents. For example, inspectors noted that information contained in incident records was not accurate. This had not been identified through the governance systems. Residents were not consistently supported in line with their personal plans. This had also not been identified by management. Risk assessments were also not consistently reviewed in line with the internal policies of the organisation. Therefore, while inspectors acknowledged the improvement which had occurred since the last inspection, there remained deficits in the governance and management systems.

**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:***

Jillian Connolly  
Inspector of Social Services  
Regulation Directorate  
Health Information and Quality Authority

## Health Information and Quality Authority Regulation Directorate

### Action Plan



### Provider's response to inspection report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Nua Healthcare Services Unlimited Company
<b>Centre ID:</b>	OSV-0003397
<b>Date of Inspection:</b>	20 September 2017
<b>Date of response:</b>	09 October 2017

### 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 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:**

The implementation of the risk management systems required additional work to ensure it resulted in positive outcomes for the residents.

#### 1. Action Required:

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

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

1. The new Policy and Procedure on Risk Management has been circulated to the PIC.
2. The PIC to complete training on the new Policy on the 17th October 2017.
3. The training on the 17th October 2017 will also encompass training on the development of the Centre Specific Risk Management Register.
4. The new Centre Specific Risk Management Register will be developed and implemented in the Centre by the 31st October 2017.
5. The new Centre Specific Risk Management Register will be discussed at the team meetings with all staff in November 2017 and December 2017.

**Proposed Timescale:** 31/12/2017

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

There remained areas in which additional work was required to ensure that all efforts were made to identify and alleviate the cause of a resident's behaviour.

**2. Action Required:**

Under Regulation 07 (5) you are required to: Ensure that every effort to identify and alleviate the cause of residents' behaviour is made; that all alternative measures are considered before a restrictive procedure is used; and that the least restrictive procedure, for the shortest duration necessary, is used.

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

1. PIC and Behavioural Specialist to review Proactive Strategies for residents to ensure that all efforts are made to identify and an attempt to alleviate the cause of a resident's behavior.
2. Continue to review of Restrictive Practices in the Centre by the PIC and Director of Services to justify its use and to ensure it is used for the shortest duration.
3. Centre Specific Restrictive Practice Register to be reviewed and maintained by the PIC.

**Proposed Timescale:** 10/11/2017

**Theme:** Safe Services

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

Improvement was required to ensure that restrictive practice was reviewed regularly to

justify its use and to ensure it was used for the shortest duration.

**3. 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:**

1. Continue to review Restrictive Practices in the Centre by the PIC and Director of Services to justify its use and to ensure it is used for the shortest duration.
2. Restrictive Practices will be reviewed on an ongoing basis by the PIC and Behavioural Specialist. Any restrictive practices will be applied in line with Policy on Restrictive Practice.
3. Where restrictive practices are outside the direction of allied health care professionals, a reduction plan will be implemented.

**Proposed Timescale:** 10/11/2017

**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:**

Additional work was required to ensure that there was adequate oversight of the care and support provided to residents to ensure that it was effective and in line with their assessed needs.

**4. 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:**

1. Comprehensive assessments to be completed by the PIC on residents to ensure that the care and support provided to residents is effective and in line with their assessed needs.
2. PIC will have oversight on all incidents to ensure that there is effective monitoring in place prior to the new incident management system being implemented.
3. A new incident management system is being developed in the Centre at present and due for roll out before the end of the year. The new system will allow for effective monitoring and review of incidents.

**Proposed Timescale:** 31/12/2017

