Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Name of designated centre:	Broadleaf Manor
Name of provider:	Broadleaf Manor
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	17 July 2018
Centre ID:	OSV-0003397
Fieldwork ID:	MON-0024289

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 but close to a small village in Co. Kildare. The property is subdivided into three separate living areas one of which is a self contained apartment where one resident is supported. The property was homely, well maintained, spacious and clean. The centre provides 24hour care to both male and female adults, all of whom require support around their mental health needs. The provider has supplied five cars in order to transport residents to their day services (in line with their preferences) and to access local amenities. The staffing levels in the centre comprise of the person in charge, a team leader, deputy team leaders, a nurse, social care workers and assistant social care workers. Residents have access to a range of allied health professionals in order to support them.

The following information outlines some additional data on this centre.

Current registration end date:	14/06/2021
Number of residents on the date of inspection:	6

How we inspect

To prepare for this inspection the inspector or 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
17 July 2018	09:50hrs to 17:55hrs	Anna Doyle	Lead
17 July 2018	09:50hrs to 17:55hrs	Conan O'Hara	Support

Views of people who use the service

The inspectors met all of the residents residing in the centre on the day of the inspection. Five residents spoke to inspectors about their views on the quality of services being provided in the centre. The overall feedback found that residents were happy with the services provided. They spoke about some of the activities they were involved in and showed inspectors some of their artwork on display.

One resident spoke about the fact that they liked living in the centre. They had considered moving but had since decided that they liked living there. Some residents showed inspectors their bedrooms and they were decorated in line with their personal preferences.

Residents said they liked the food served in the centre and could have alternatives if they wished.

Capacity and capability

This inspection was in response to information and notifications received by the Health Information and Quality Authority (HIQA) and to follow up on the actions from the last inspection. The provider had also notified HIQA that they intended to close this centre by December 2018.

In April 2018, the provider had attended a meeting in HIQA to provide assurances around the oversight of staff in the centre based on notifications being submitted. It had also come to the attention of HIQA that the person in charge had been appointed to another centre also under the remit of this provider. At this meeting the provider demonstrated that they were taking measures to address the staffing concerns and provided assurances that the person in charge would be full time in this centre going forward.

Overall, the inspectors found that some actions taken by the provider had contributed to a better quality of service provision to most of the residents in the centre. For example, one resident had transitioned from the centre and one resident was in the process of transitioning to their own home near to their family.

However, it was evident at this inspection that significant improvements were required to ensure that one resident whose needs could not be met in the centre had an appropriate and imminent discharge plan in place. While it was acknowledged that the person in charge, members of the management team, allied health professionals and the residents' representative had been meeting with

relevant stakeholders regularly in order to progress this, there was no clear discharge plan in place at the time of the inspection. Given the associated risks to this resident as identified by all stakeholders, the inspectors were not assured that this resident's safety could be maintained in the centre.

Inspectors were also not assured that the significance or impact of the resident's refusal of supports had been fully discussed with them given the impact that this refusal may have on their quality of life.

In response to both of these issues, HIQA issued the provider with an urgent action plan the day after the inspection in order to address these failings in a timely manner. Assurances were provided that steps had been taken to address these issues.

The inspectors found that the provider and the person in charge had systems in place to monitor and review the quality of services provided in the centre that was in accordance with the requirements of the regulations. It was evident from a review of some of the audits that improvements were happening with a reduction in medication errors and the use of physical restraint in the centre over the last number of months.

The person in charge was now full time in the centre. They were aware of their responsibilities under the regulations and was responsive to any issues raised at the inspection and it was evident that they were striving to address some of the failings identified at the inspection in relation to one resident.

The person in charge provided supervision and support to the staff team and knew the needs of each individual resident very well. They were supported in their role by a team leader and deputy team leaders. Of the staff spoken with they said they could approach the person in charge at any time if they had any concerns or issues in the centre. Staff meetings were held regularly in the centre.

There were sufficient staff in place to meet the needs of the residents and the provider had recently increased the staffing at night in response to the changing needs of one resident. There had been a number of staff changes over the last number of months and contingencies were in place to support this. For example, new staff undertook induction in mandatory training prior to commencing in the centre. They were also required to shadow staff in order to get to know the residents' needs with the support of other staff.

Recently the person in charge had appointed a shift leader at night time in the centre in order to ensure effective oversight of care at night time. Unannounced visits were also taking place at night time in response to some anonymous concerns that had been highlighted to the provider.

The training records demonstrated that staff had undertook training in safeguarding of vulnerable adults, positive behavioural support, manual handling and fire safety. Other training made available to staff included, food hygiene, first aid and medication management training.

Regulation 14: Persons in charge

The person in in charge was full time suitably qualified and demonstrated a very good knowledge of the residents needs in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspectors were satisfied from a sample of incident reports and other records viewed that the person in charge had notified all incidents as required under the regulations to HIQA.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff in place to meet the needs of the residents in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

The training records demonstrated that staff had undertook training in safeguarding of vulnerable adults, positive behavioural support, manual handling and fire safety. Other training made available to staff included, food hygiene, first aid and medication management training. Formal supervision was completed with all staff in the centre.

Judgment: Compliant

Regulation 23: Governance and management

There were systems in place to review and monitor the services provided in the

centre as required under the regulations.

Judgment: Compliant

Quality and safety

Overall the inspectors found that some improvements had been made in the centre since the last inspection. However, as highlighted earlier in this report one residents' needs could not be met in the centre. In addition, to this improvements were required in some medication management practices, restrictive practices and residents' rights.

The centre was clean, well maintained and was personalised and homely on the day of the inspection. Residents were observed to have active lives in the centre in line with their personal preferences.

Since the last inspection one resident had been discharged to a more suitable placement. This had been an action from the last inspection. The person in charge informed inspectors that this had contributed to improvements in resident's quality of life in the centre. For example, incidents in the centre had reduced along with safeguarding concerns. The environment was more relaxed and this was observed by inspectors on the day also.

Another resident was in the process of transitioning to their own home under another service provider. This transition was well planned and had been a long term goal for this resident in order to be near their family.

Residents had support plans in place for the provision of positive behaviour support which had recently been reviewed by an allied health professional. Staff demonstrated a good knowledge of how residents should be supported in this area. However, one support plan viewed identified a physical hold for a resident in the event of an emergency that could not be implemented in such an event as there was insufficient staffing available and not all staff had been trained in this prescribed hold. This was discussed with the person in charge who intended to address this.

Inspectors were also not assured that appropriate measures had been taken to ensure that residents privacy and dignity was respected in relation to their living space. For example, CCTV was in place in the centre in some communal areas. Records viewed demonstrated that one resident had not been consulted with on this and it was unclear if residents had consented to this practice.

A nurse employed in the centre had oversight of the medication practices in the centre. Medication was safely stored and there were procedures in place for the safe disposal of medication. Audits were completed on the medications stored to ensure accuracy. All staff had completed medication training and this was followed up with a competency assessment for staff under the supervision of designated staff to

ensure compliance with the administration of medication. However, medication protocols in response to as prescribed medication (p.r.n.) were not specific to the individual resident. For example, it was not clear on one resident's kardex when to administer a p.r.n. medication in response to anxiety and the medication protocol did not guide this either.

Inspectors also found that for the most part medication errors were responded to. However, the forms used to chart these errors were not completed accurately and some medication errors had not been responded to appropriately. For example, a medical practitioner was not contacted when residents' medications were missed and there was no record of what advise if any had been given to staff when the error was reported to senior personnel.

Regulation 7: Positive behavioural support

One prescribed physical hold could not be implemented for a resident as not all staff were trained in the implementation of this hold and there was not enough staff on duty in order to implement this hold in such an event.

Judgment: Not compliant

Regulation 8: Protection

There were mechanisms in place to ensure that all allegations of abuse were reported and responded to. Measures were instigated to ensure residents safety in such an event. All staff had completed safeguarding training in the centre.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

One residents' needs could not be met in the centre at the time of the inspection. Although this had been identified by the staff and management team in the centre an urgent action plan was issued to the provider the day after the inspection to assure that this was addressed in a timely manner.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

Improvements were required in to ensure that medication protocols were specific to each resident in order to guide practice. The reporting procedures in response to medication errors that occurred in the centre required review.

Judgment: Not compliant

Regulation 9: Residents' rights

Inspectors were also not assured that the significance or impact of the residents' refusal of supports had been fully discussed to demonstrate that the residents decision was fully informed given the impact that this refusal may have on their quality of life.

Records viewed in relation to the use of CCTV in communal areas demonstrated that one resident had not been consulted with about this, and it was unclear if residents had consented to this practice.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Not compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Broadleaf Manor OSV-0003397

Inspection ID: MON-0024289

Date of inspection: 17/07/2018

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	Not Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: 1. A Protocol for engaging in one prescribed physical hold for a resident will be developed to provide guidance for staff to implement this hold in an emergency event. [Due for Completion: 24/08/2018] 2. The prescribed physical hold as mentioned within the report for one resident will be reviewed in full by the PIC and the Multi- Disciplinary Team. [Due for Completion: 07/09/2018]	
Regulation 25: Temporary absence, transition and discharge of residents	Not Compliant
Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents: 1. ID069 was discharged from the Centre on the 30/07/2018 in consultation with the resident's family and HSE representatives.	
Regulation 29: Medicines and pharmaceutical services	Not Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: 1. Protocols for PRN medication will be reviewed in full by the PIC and Director of Services to ensure they accurately guide practice. [Completion Date: 07/09/2018]	

2. Medication Reporting Procedure in the Centre will be reviewed and overseen by the PIC and the Director of Services to ensure its implementation.

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

Regulation 9: Residents' rights	Not Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights:

In order to continue to comply with Regulation 9 – Residents Rights the Person in Charge will ensure that the following actions will continue to be implemented and reviewed on an ongoing basis within the Centre;

1. Key-working sessions to be completed with ID069 regarding his current health status, recommendations from MDT and education regarding same [Completion date – 20/07/2018]

2. Clinical Psychiatrist Dr McLoughlin (Consultant Psychiatrist) to continue to assess ID069's mental health and update their care plan via direct visits to the Centre and/or direct telephone contact with the resident as per their current working relationship [Completion date – 25/07/2018].

3. Occupational Therapist 1:1 input with ID069 to discuss recommendations in relation to their physical mobility, assistive equipment and presentation [Completion date 19/07/2018].

4. New MEBSP updated with prescribed responses for staff to support ID069's care and support, physical mobility, assistive equipment and presentation [Completion date – 19/07/2018].

5. Scheduled contact with HSE representative and ID069 to give update on their current placement status [Completion date – 26/07/2018].

6. Staff within the designated Centre will document in detail their daily and nightly report forms and their conversations with ID069 regarding their current health and refusal to follow recommendations from the Allied Healthcare Professionals [Completion date – daily from the 20/07/2018].

7. Residents Rights are to be discussed with ID069 on a regular basis and documentation maintained of same [Completion date – 20/07/2018].

Note: The resident the report is referring to (ID069) was discharged from the Centre on the 30/07/2018 in consultation with the resident's family and HSE representatives.

Further compliance with regulation 9 is sought by the following actions regarding CCTV in the Designated Centre.

1. Signs for CCTV have been implemented in the Centre [Completed 18/07/2018].

2. Consent form for CCTV have been updated and signed by all residents in the Centre [Completed 18/07/2018].

3. The use of CCTV will continue to be reviewed on a monthly basis by the PIC and recorded in the Restrictive Practice Register.

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 25(4)(c)	The person in charge shall ensure that the discharge of a resident from the designated centre is in accordance with the resident's needs as assessed in accordance with Regulation 5(1) and the resident's personal plans.	Not Compliant	Red	30/07/2018
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Not Compliant	Orange	07/09/2018
Regulation 07(1)	The person in charge shall ensure that staff have up to date	Not Compliant	Orange	07/09/2018

	knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.			
Regulation 09(2)(a)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability participates in and consents, with supports where necessary, to decisions about his or her care and support.	Not Compliant	Red	26/07/2018
Regulation 09(3)	The registered provider shall 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.	Not Compliant	Orange	26/07/2018