Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

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

Name of designated centre:	Brookhaven
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Offaly
Type of inspection:	Unannounced
Date of inspection:	14 February 2019
Centre ID:	OSV-0005840
Fieldwork ID:	MON-0026107

About the designated centre

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

Nua Healthcare have a statement of purpose and function that contains the following information about the service. Brookhaven 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, mental health, and challenging behaviour. The centre ensures that the age group of residents will be at appropriate range. The number of residents to be accommodated within this service will not exceed five. At Brookhaven, each resident has their own generously sized bedroom, with space for their personal belongings and private living needs, consistent with that found in a regular family home environment.The property is surrounded by gardens to the front and rear of the building. The Person in Charge and staff team are committed to ensuring residents receive the highest quality of care and support at Brookhaven. The centre look after any specific dietary and healthcare needs of all residents i.e. epilepsy, diabetes, asthma. The centre provides a high quality and standard of care in a safe, homely and comfortable environment for all residents. The centre is staffed by 43.5 full time staff and eight relief staff and there is person in charge working in the house on a weekly basis. Should additional staff be required, we will respond to residents dependencies which may increase or decrease accordingly. Nua Healthcare provide the services of the multidisciplinary team, these services include; psychiatrist, psychologist, occupational therapist, speech and language therapist and nurses. Residents will be supported to attend dietitian if required in order to ensure nutritional needs are met. Residents will also be supported to meet cultural needs if required.

The following information outlines some additional data on this centre.

Current registration end date:	10/12/2021
Number of residents on the date of inspection:	4

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
14 February 2019	09:00hrs to 17:00hrs	Sinead Whitely	Lead
14 February 2019	09:00hrs to 17:00hrs	Noelene Dowling	Support

Views of people who use the service

The inspectors had the opportunity to meet with three residents on the day of inspection. One resident chose not to meet with inspectors. Residents who were met, used some non verbal methods of communication. Residents did not express any complaints to the inspectors on the day of inspection.

Inspectors observed staff supporting residents to go about their daily routine and activities. This included going out for a walk and going to the shop. Some residents chose to stay in the designated centre on the day of inspection and this was also supported. There were service vehicles available for residents and staff to utilise, Staff spoken to had a high level of knowledge of the residents they were supporting their individual needs and preferences. Staff appeared to be striving to provide person-centred support.

One resident was observed accessing the communal area and moving pieces of furniture to suit their own particular preferences. This appeared to be a familiar and comfortable experience and was supported by staff. Another resident voiced they were "grand" when asked how they were on the day of inspection.

Capacity and capability

Overall, the registered provider, person in charge and persons participating in management were striving to provide a safe service at a high standard. There was a clear management structure in place with lines of accountability. This was a newly registered designated centre and this was the first inspection carried out here.

There was a clearly defined management structure in place in the designated centre that identified clear lines of authority and accountability. A person nominated by the registered provider completed six monthly unannounced visits that appeared to effectively identify areas in need of improvement. Concerns identified appeared to be addressed in a timely manner and informed improvements in the designated centre.

Thematic audits were carried out 12 weeks following a new admission and this audit was focused on the admission and the contract for the provision of services. The person in charge demonstrated a high level of knowledge of the designated centre and the residents living the and appeared to have a high level of insight into the residents complex needs. The person in charge was carrying out regular one to one performance reviews with all staff. The person in charge or team leader was carrying out a daily checklist which included checks on daily plans, staff allocations,

fire safety measures, maintenance issues, restrictive practices, the environment and the complaints log. This appeared to be informing daily improvements when issues were identified. There was no annual review of the service provided available on the day of inspection, as this centre was newly registered. However, the inspectors noted a lack of oversight and knowledge by the person in charge regarding children's court mandated care orders and particular arrangements outlined in these. These orders were legal instructions regarding the care and support to be provided for children living in the designated centre.

The registered provider had ensured that the number of staff in place was appropriate to the number of residents. There was a planned and actual working day and night staff rota that accurately reflected the staff on duty on the day of inspection. The staffing levels were accurately reflected in the statement of purpose. Two to one staffing arrangements were in place at all times to support the residents complex needs. The centre was staffed with 43.5 full time staff and eight relief staff. The person in charge was surplus to staffing levels and was there on a weekly basis to provide additional support when needed. Additional staffing was provided when needed according to residents needs. Arrangements were in place to support continuity of care for the residents with a key working system and a robust handover system in place.

All staff had received mandatory training on the day of inspection. This included training in manual handling, fire safety, children's first and safe guarding. Staff were suitably trained and qualified to safely administer medication. Additional staff training was provided in positive behavioural support and management of challenging behaviours. Care was devised in line with training and best practice. Staff spoken to were knowledgeable about the training they had received and felt well supported by the service to address any training needs they may have. However, not all staff had received centre specific fire safety training. Furthermore, not all staff had received training in a particular communication method used by one resident and not all staff had received training line with specific needs outlined in some residents personal plans.

All Schedule 5 written policies and procedures were in place. A copy of these policies were made available to all staff. These policies were reviewed and updated when appropriate at intervals not exceeding three years and these updated copies were available. Staff spoken with appeared knowledgeable on service policy and procedures and these appeared to be guiding staff practice.

The registered provider had ensured that residents had a written agreement in place that outlined the provision of services. When admissions were court ordered, a copy of this order was available. The inspectors found that while there was a clear pre-admission process in place, this process had not identified areas of need that could not be supported at times for one resident residing in the designated centre. This was secondary to staffing skill mix and experience. A review of this resident had taken place and a plan was being devised for transfer to another designated centre that would better support their needs.

The statement of purpose was in place and included all information set out in

Schedule 1. The statement of purpose was available to residents or their representatives. However, the inspectors observed the statement of purpose available did not provide an accurate description of the care being provided at times. Specifically in relation to the level of restrictive practices being utilised in the designated centre.

Regulation 15: Staffing

The registered provider had ensured that the number of staff in place was appropriate to the number of residents. There was a planned and actual working day and night staff rota that accurately reflected the staff on duty on the day of inspection. The staffing levels were accurately reflected in the statement of purpose

Judgment: Compliant

Regulation 16: Training and staff development

All staff had received mandatory training on the day of inspection. This included training in manual handling, fire safety and childrens first. However, not all staff had received centre specific fire safety training. Furthermore, not all staff had received training in a particular communication method used by one resident.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place in the designated centre that identified clear lines of authority and accountability. A person nominated by the registered provider completed six monthly unannounced visits that appeared to effectively identify areas in need of improvement. Concerns identified appeared to be addressed in a timely manner and informed improvements in the designated centre. However, the inspectors noted a lack of oversight and knowledge regarding childrens court mandated care orders and particular arrangements outlined in these.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

The inspectors found that while there was a clear pre-admission process in place, this process had not identified areas of need that could not be supported at times for one resident residing in the designated centre. This was secondary to staffing skill mix and experience

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The statement of purpose was in place and included all information set out in Schedule 1.The statement of purpose was regularly reviewed and and changed as appropriate to the service provided. The statement of purpose was available to residents or their representatives. The inspectors observed this did not provide an accurate description of the care being provided at times. Specifically in relation to the level of restrictive practices being utilised in the designated centre

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

All Schedule 5 written policies and procedures were in place. A copy of these policies were made available to all staff. These policies were reviewed and updated when appropriate at intervals not exceeding three years

Judgment: Compliant

Quality and safety

Overall, the inspector found that the registered provider and person in charge were endeavouring to provide a good quality to the residents. However, some improvements were needed in relation to safeguarding, positive behavioural support, and medication management. This was the first inspection carried out in this designated centre since the centre was registered.

The registered provider had ensured that care was being delivered by staff who were very familiar with the residents' care needs. The inspector observed positive interactions between staff and residents. The person in charge had ensured there were comprehensive assessments and personal plans in place for all residents that reflected residents health, personal and social care needs. A key worker system was

in place to ensure staff supporting residents were assessing the effectiveness of plans in place and ensuring plans were accurately reflecting the residents most current needs. These had been completed prior to admission. Residents had a wide range of individual social goals in place. These were subject to regular review.

The registered provider had ensured all staff were fully trained in childrens first. Staff spoken to fully understood their role in child protection and the appropriate procedures to recognise and report any signs of harm that could occur. Staff were familiar with national policy and knew who their designated officer was should they have to report concerns. The inspectors reviewed a number of residents progress reports and a sample of the centres accident and incidents log and found that any safeguarding concerns identified had been notified to the Office of the Chief Inspector. Any concerns had been treated in a serious and timely manner and had been investigated thoroughly in line with national policy and service policy. However, the inspectors observed that there were no safeguarding plans in place for the children living in the designated centre. This posed a risk to some residents as there were significant safeguarding concerns secondary to residents specific complex needs and secondary to their peers specific complex needs. These risks were identified on the centres risk register. Furthermore, the centres high level of restrictive practices in place raised some safeguarding concerns on the day of inspection. This required further review.

Positive behavioural support plans were in place for all residents in the designated centre. All staff were familiar with these plans and were trained in the management of behaviours that challenge. There was a high level of restrictive practices in place in the designated centre. There was a key pad door lock system in place to main exits and on internal doors, with codes that residents did not have access to. These locks were part of residents behavioural support plans and were in place secondary to identified risks and were supporting individuals very complex needs. Residents had access to reviews with GP's, psychology, psychiatry, occupational therapy and behavioural therapy. However, while restrictive practices were reviewed monthly by the person in charge and the behavioural therapist - further input was needed from multi-disciplinary services to ensure that the least restrictive practice was implemented when appropriate with the consent of residents or their representatives and that all alternative measures are considered before a restrictive practice was used. Further review was also needed to ensure that the least restrictive procedure was utilised for the shortest duration necessary.

Overall, the registered provider had ensured that the premises was of sound construction and was in a good state of repair externally and internally. The property is a detached split level two-storey building comprising of 5 single occupancy supported living areas which consisted of an en-suite bedroom and kitchen/dining/sitting room area with space for residents personal belongings and private living needs. There was a main kitchen, sitting room, utility room and office. The property was surrounded by gardens to the front and rear of the building. Adequate storage space was provided and communal living areas, kitchen area and laundry area were a suitable size to meet the needs of the residents. The person in charge was carrying out daily checks on the premises and environment

and identifying any repair or decorative issues.

There were arrangements for the assessment, management and ongoing review of risk. The person in charge had implemented a risk register that had recognised all risks identified in the centre on the day of inspection. Risk assessments were completed where appropriate and were individualised. In general, risk measures in place ensured the reduction of risk and the safety of the resident. Service vehicles were certified as road worthy and suitably insured. There was an incident report log in place that identified an incident of high risk. Ongoing reviews and risk assessments were conducted by the person in charge.

Overall, arrangements were in place to take adequate precautions against the risk of fire. Suitable fire equipment including smoke detectors, fire extinguishers, emergency lighting and fire panels were in place that were regularly and adequately serviced. There was a procedure in place to safely evacuate all residents and staff in the event of a fire. Residents had individual personal evacuation plans (PEEP's). Regular fire evacuation drills were completed by staff and residents that were completed in timely manner and simulated night and day time staffing levels. Fire containment measures were in place. Staff spoken to had good knowledge regarding fire safety precautions and evacuation procedures.

In general, practice relating to the ordering, prescribing, storage, disposal and administration of medicines was appropriate, safe and in line with best practice. There were arrangements for the safe storage of medication. Residents had individual storage units for their medications. The keys for this was stored safely by the team leader on duty of the person in charge. Documentation adequately reflected the administration of medication and were clear, regularly reviewed and accurately guided the administration of prescribed medication. All staff had received training on the safe administration of medication. Residents had access to appropriate pharmaceutical services. Checks were carried out by staff to ensure this medication was packed as prescribed by the residents' general practitioner. However, some out-of-date medication was observed stored with regular medication on the day of inspection. Staff had not identified this during regular checks.

Regulation 17: Premises

Overall, the registered provider had ensured that the premises was of sound construction and was in a good state of repair externally and internally

Judgment: Compliant

Regulation 26: Risk management procedures

There were arrangements for the assessment, management and ongoing review of

risk. The person in charge had implemented a risk register that had recognised all risks identified in the centre on the day of inspection

Judgment: Compliant

Regulation 28: Fire precautions

Overalll, arrangements were in place to take adequate precautions against the risk of fire. Suitable fire equipment including smoke detectors, fire extinguishers, emergency lighting and fire panels were in place that were regularly and adequately serviced.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Practice relating to the ordering, prescribing, storage, disposal and administration of medicines was appropriate, safe and in line with best practice. However, some out-of-date medication was observed stored with regular medication on the day of inspection. Staff had not identified this

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The person in charge had ensured there were comprehensive assessments and personal plans in place for all residents that reflected residents health, personal and social care needs. A key worker system was in place to ensure staff supporting residents were assessing the effectiveness of plans in place and ensuring plans were accurately reflecting the residents most current needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

Positive behavioural support plans were in place for all residents in the designated centre. All staff were familiar with these plans and were trained in the management of behaviours that challenge. There was a high level of restrictive practices in place

in the designated centre. Further input was needed from multi-disciplinary services to ensure that the least restrictive practice was implemented at all times with the consent of residents or their representatives and that all alternative measures are considered before a restrictive practice was used. Further review was also needed to ensure that the least restrictive procedure was utilised for the shortest duration necessary.

Judgment: Substantially compliant

Regulation 8: Protection

All staff were fully trained in childrens first. Staff spoken to fully understood their role in child protection and the appropriate procedures to recognise and report any signs of harm that could occur. Staff were familiar with national policy and knew who their designated officer was should they have to report concerns. However, the inspectors observed that there were no safeguarding plans in place for children living in the designated centre. This posed a risk to some residents as there were significant safe guarding concerns present secondary to residents specific complex needs and secondary to their peers specific complex needs

Judgment: Substantially 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
Views of people who use the service	
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Brookhaven OSV-0005840

Inspection ID: MON-0026107

Date of inspection: 14/02/2019

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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: PIC will ensure all staff receive Centre specific training in fire safety. PIC will ensure staff receive training in specific communication method for identified resident.	
Regulation 23: Governance and management	Substantially Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: PIC will review all court orders and ensure information and arrangements outlined within are communicated and understood by all staff in the Centre.	
Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: PIC will review the admission process pertaining to one resident in the Centre to identify learnings	
Regulation 3: Statement of purpose	Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose: PIC will review and update the Statement of Purpose to include details of restrictive practices utilized in the Centre.	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: PIC will review medication audits in the Centre to ensure medications out of date are captured and disposed of in line with policy.	
Regulation 7: Positive behavioural support	Substantially Compliant
Outline how you are going to come into compliance with Regulation 7: Positive behavioural support: PIC will conduct review of restrictive practice procedures in the Centre. This review will include how consent is obtained and by who, the attendees of restrictive practice reviews to include a wider multi-disciplinary team to ensure least restrictive for shortest duration of time.	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: PIC will implement safeguarding plans for all residents in the Centre.	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	17/05/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	03/05/2019
Regulation 24(4)(b)	The agreement referred to in paragraph (3) shall provide for, and be consistent with,	Substantially Compliant	Yellow	10/05/2019

	the resident's needs as assessed in accordance with Regulation 5(1) and the statement of purpose.			
Regulation 29(4)(c)	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 out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.	Substantially Compliant	Yellow	03/05/2019
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	10/05/2019
Regulation 07(5)(b)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation all	Substantially Compliant	Yellow	10/05/2019

	alternative measures are considered before a restrictive procedure is used.			
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	04/04/2019