

**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>Lead inspector:</b>	Jillian Connolly
<b>Support inspector(s):</b>	Michael Keating
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	7
<b>Number of vacancies on the date of inspection:</b>	0

## **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 renewal decision. This monitoring inspection was announced and took place over 1 day(s).

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

From: 24 January 2018 10:00 To: 24 January 2018 16:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

Background to the inspection:

This was the sixth inspection of the centre. The active registration of the centre is due to expire in June 2018. The provider had submitted an application to HIQA to renew the registration of the centre for another 3 years. The purpose of this inspection was to assess if the provider had completed the actions arising from the inspection of September 2017.

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. The provider had identified that some residents required discharge from the centre, in order to minimise safeguarding concerns in the centre. However, while this had not happened as of the day of the inspection, the transitional plans demonstrated that this was in progress.

Inspectors observed that there was a significant improvement in the quality of service provided. Inspectors found that incidents were occurring less frequently in the centre and were being well managed.

The needs of residents were adequately assessed and supports were in place for residents to live their life in line with their wishes.

Staff demonstrated that they were aware of the needs of the residents and the supports that they required. Overall, the provider had implemented a proactive risk management system which promoted residents to live active lives, while recognizing that safeguards were required at times.

The findings of this inspection are written under twelve 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 01: Residents Rights, Dignity and Consultation**

*Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.*

**Theme:**

Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

The provider promoted and facilitated residents' to make complaints if they were dissatisfied with the service provided. There was an individual nominated for the receipt of complaints. Residents stated that they were comfortable making a complaint, if required and knew who to speak with.

Residents also stated that their privacy and dignity was respected and their rights were upheld. They also stated in the questionnaires provided to residents that they felt their rights were upheld. Each resident had their own bedroom which enabled personal care to be provided in private. Personal information was also stored in a secure location and personal communications was respected.

Residents had been referred to and supported by external advocates.

Residents were supported with the management of their personal finances and were supported to spend their monies in a manner of their choosing.

Residents were also supported to engage in a variety of activities in line with their interests and capabilities. These activities were chosen by residents and aimed to meet their assessed needs. For example, residents were supported to attend the gym to engage with their local community and to promote positive mental health.

**Judgment:**

Compliant

**Outcome 05: Social Care Needs**

*Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

Inspectors found that the wellbeing of residents was promoted in the centre.

Inspectors found that each resident had a comprehensive assessment of need completed by the appropriate health or social care professional. Following the assessment, a personal plan was in place which identified the supports that residents required to meet their needs and promote them to maximise their personal development. The supports were identified and facilitated through a weekly planner which identified a range of activities which residents engage in with the support of staff. For example, residents accessed amenities in the wider community to develop their social skills.

The supports provided to residents was agreed with the resident and their key worker through regular meetings. Residents told inspectors that they were happy with their home.

Residents were also supported to meet with and received support from allied health professionals. Recommendations from allied health professionals were incorporated into the personal plan of residents. Staff were able to inform inspectors of the supports residents required on a day to day basis.

Residents were due to be discharged from the centre. Inspectors reviewed a sample of personal plans and found that the supports residents required to ensure the discharge was safe and inline with the needs of residents had been given due consideration. Residents were supported to visit their new home, where appropriate. Family members were also involved in the discharge process.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**

*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

The inspectors found that re configuration of the centre including a change in the use of rooms and the decrease in number of residents resulted in the premises meeting the needs of residents.

The centre had decreased the occupancy from 9 residents to 7 in the past 12 months. The office space for staff had also been reduced from two rooms to one. The vacant rooms were converted to recreational rooms for the use of residents. As a result, residents had adequate communal and private space to ensure that the environment was calm and met the needs of residents. Each resident also had their own bedroom and the inspectors observed adequate kitchen facilities for the storage and preparation of food.

Inspectors observed the centre to be clean with adequate heat and light on the day of inspection. Consideration was also given to the temperature throughout the centre to ensure that residents' individual needs were met.

The centre had sufficient external grounds for use by residents with parts being landscaped since the last inspection, presenting with a more homely feel to the overall exterior of the centre.

There was appropriate facilities for the disposal of waste.

**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):**

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

**Findings:**

The provider had implemented a new risk management system. This resulted in residents being supported to live active lives, while recognising that specific control measures were required to safeguard residents.

There was a centre specific safety statement and risk management policy which identified all of the requirements of regulation 26. The provider also had developed and implemented a risk register which identified operational, environmental and clinical risks associated with the supports residents required. Inspectors found that the risk register was reviewed regularly and following an adverse event to ensure that control measures in place were effective. In some instances, additional control measures were identified, if needed. For example, specific travel arrangements were identified following an adverse event which occurred in a car.

The person in charge also demonstrated that they had an understanding of implementing an effective risk management system. Staff were aware of the risks to residents and the control measures to be implemented.

Inspectors observed the centre to be clean. Additional resources had been allocated by the provider to ensure that this was standard practice in the centre.

The provider had systems in place for the prevention and management of fire. This included the provision of a fire alarm, fire extinguishers and emergency lighting. Records demonstrated that they were serviced at regular intervals by the appropriate professionals. Fire doors were also present for the containment of fire, if necessary. Staff had received training in the prevention and management of fire. They also demonstrated to inspectors that they were aware of the actions to be taken in the event of a fire.

Fire drills had occurred in the centre and demonstrated that residents could be evacuated to a place of safety, if required.

**Judgment:**

Compliant

**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:**



**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

Inspectors identified that the provider had made incremental improvements in the safeguarding of vulnerable adults in the previous 12 months. This included a comprehensive review of the safeguarding arrangements in the centre and training of staff in the safeguarding of vulnerable adults. As a result, it was identified that some residents were not compatible living together. Arrangements had been put in place to discharge residents from the centre. However, this had not occurred as of the day of inspection. The interim arrangements in place, resulted in a significant reductions in the severity of allegations or suspicions of abuse. However, they still occurred and as a result safeguarding concerns remained in the centre. Staff were aware of the actions required to keep residents as safe as possible and this included ensuring that some residents were supervised when in the company of other residents at all times.

Positive behaviour support was a requirement in the centre. This was provided with the support of allied health professionals such as psychology, psychiatry and behavioural specialists. Each resident had a plan in place which identified the proactive and reactive strategies that staff could implement to prevent residents from engaging in behaviour which caused distress to themselves and others. The inspectors found that the plans had been reviewed since the last inspection and provided comprehensive guidance to staff. This resulted in a reduction in the number of adverse events which occurred. However, improvements were still required to ensure that staff clearly identified if all strategies were implemented throughout the day to prevent adverse events occurring, particularly in the event of a physical restraint being used, to ensure that it was the least restrictive option and was used for the shortest duration possible.

Inspectors also noted that some behaviours residents engaged in were not identified in the positive behaviour support plans. While measures had been implemented as a safeguard, they were restrictive and resulted in two staff members having to be present at all times. The inspector determined that not all efforts had been made to identify and alleviate the cause of the resident's behaviour, considering the restrictive measures which were in place.

Overall, the use of restrictive practice had reduced in the centre. There had also been a review of the restrictions to individual residents and plans were in place to reduce restrictions to residents. This plan had been completed in consultation with residents, who directed the time frame in which they would like restrictions reduced.

**Judgment:**

Non Compliant - Moderate

**Outcome 09: Notification of Incidents**

*A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.*

**Theme:**

Safe Services

**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

The inspectors reviewed a sample of records of adverse events. They confirmed that the person in charge was aware of their statutory responsibility to report certain adverse events to HIQA as required by regulation 31.

**Judgment:**

Compliant

**Outcome 11. Healthcare Needs**

*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

Inspectors found that the supports were in place to ensure that residents' health and wellbeing was maintained.

Residents had access to a General Practitioner (GP) if required and were also supported to attend appointments with other health care practitioners, if needed. Residents had plans of care in place for specific health care needs which identified the day to day supports residents required and the action to be taken if a resident's health was noted to decline. This was overseen by a registered nurse and included regular monitoring of their blood pressure and weight. Additional support was also provided if risks associated to residents' health and wellbeing was identified. For example, if a resident was identified as a risk of falls, appropriate investigations occurred with the aim of identifying the reason for the falls. This was supported by allied health professionals such as occupational therapy and physiotherapy.

Support was also provided by residential staff if a resident required treatment in an acute setting.

Residents reported that they were happy with the food in the centre. Residents choose the menu on a weekly basis and were involved in the purchasing and preparation of food, if they chose to me. Support was obtained from a dietician, if required.

**Judgment:**

Compliant

**Outcome 12. Medication Management**

*Each resident is protected by the designated centres policies and procedures for medication management.*

**Theme:**

Health and Development

**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

The provider had implemented appropriate systems to ensure that medication practices in the centre were safe. This included policies and procedures in medication management practices. Staff had also received training in the safe administration of medication.

Inspectors observed medication to be stored in a secure location. Inspectors reviewed a sample of prescription and administration records and found that they contained all of the necessary information. An inspector had the opportunity to observe medication being administered to a resident and confirmed that the practices were safe and promoted the dignity of residents.

There was also appropriate practices in place for the storage and administration of controlled drugs.

There was also guidance in place for the administration of p.r.n (as required) medication which identified the circumstances in which it could be administered. Records were maintained of the times and circumstances in which p.r.n was administered. They were reviewed regularly and demonstrated that there had been a significant reduction in the use of psychotropic medication in the centre.

There were regular stock checks of medication in the centre. If a medication error occurred, appropriate action was taken. There was also a safe system in place for the disposal and returns of medication.

**Judgment:**

Compliant

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<b>Outcome 13: Statement of Purpose</b> <i>There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.</i>
<b>Theme:</b> Leadership, Governance and Management
<b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.
<b>Findings:</b> The provider had submitted a Statement of Purpose as part of the application to renew the registration of the centre. Inspectors reviewed the document and found that it included all of the requirements of Schedule 1 of the regulations and adequately described the service provided.
<b>Judgment:</b> Compliant

<b>Outcome 14: Governance and Management</b> <i>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.</i>
<b>Theme:</b> Leadership, Governance and Management
<b>Outstanding requirement(s) from previous inspection(s):</b> The action(s) required from the previous inspection were satisfactorily implemented.
<b>Findings:</b> Inspectors found that the governance and management systems in the centre had strengthened which resulted in an improved service provided to residents.  There was a clear governance structure in place in which the person in charge reported to the regional manager, who in turn reported to the Director of Operations. The Director of Operations reported to the Chief Operating Officer, who reported to the Board of Directors. The person in charge was supported by one team leader and three deputy team leaders, which ensured that there was a member of the management team

on duty at all times in the centre. The person in charge commenced their role in July 2017. They facilitated the inspection and demonstrated knowledge of their statutory responsibility and that they were actively involved in the day to day operation of the centre. They had the responsibility for only this centre and had three years experience in a management role. Staff reported that there had been an improvement in the service provided since they commenced their post and residents were observed to be familiar with and comfortable in their presence.

There had been a significant improvement in the oversight of the services provided. Audits had occurred and the management team demonstrated a responsive approach to issues arising. For example, it was identified that additional oversight was required of the practices at night in the centre, so the person in charge and the regional manager had completed a number of unannounced visits at night.

The provider had also completed an annual review of the quality and safety of care in the centre which included the views of residents.

**Judgment:**

Compliant

**Outcome 17: Workforce**

*There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.*

**Theme:**

Responsive Workforce

**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

Inspectors observed that there was sufficient staff on duty throughout the inspection. Rosters demonstrated that this was the standard staffing levels. Residents stated that they were happy with the support that they received and that staff were nice.

Staff had received the necessary mandatory training. Additional training specific to the needs of residents was also provided by allied health professionals at team meetings. Team meetings occurred regularly and reviewed relevant information such as the needs of the residents and the operation of the centre.

Staff also received formal supervision. Due to the presence of management on a daily basis, staff also received informal supervision. Inspectors found that this promoted a culture of accountability and if poor practice was identified appropriate action was taken.

There were no volunteers in the centre at the time of the inspection.

**Judgment:**

Compliant

**Outcome 18: Records and documentation**

*The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.*

**Theme:**

Use of Information

**Outstanding requirement(s) from previous inspection(s):**

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

**Findings:**

The inspector reviewed staff files and confirmed that they contained all of the information as required by Schedule 2 of the regulations.

The records relating to the care and support of residents were also maintained as required by Schedule 3. Additional records such as a record of adverse events were also maintained as required by Schedule 4.

Inspectors confirmed that the policies and procedures as required by Schedule 5 were also present and had been reviewed in the past 3 years.

**Judgment:**

Compliant

**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>	24 January 2018
<b>Date of response:</b>	20 February 2018

### 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 08: Safeguarding and Safety

**Theme:** Safe Services

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

Improvements were required to ensure that all efforts were made to identify and alleviate the cause of all behaviours residents presented with and that records demonstrated that when restrictive practice was used all other strategies had been implemented and were not effective.

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



**1. 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 Behaviour support plans for resident's 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 to justify its use and to ensure it is used for the shortest duration.
3. The PIC will continue to review and maintain the Centre Specific Restrictive Practice Register.
4. Effective incident report writing to be discussed with all staff along with the above points at the Centre Team Meetings in March and April 2018.

**Proposed Timescale:** 30/04/2018**Theme:** Safe Services**The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:**

Safeguarding concerns remained within the centre.

**2. Action Required:**

Under Regulation 08 (2) you are required to: Protect residents from all forms of abuse.

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

1. Arrangements had been put in place to discharge two residents from the Centre in line with their assessed needs.
2. Suitable accommodation has been identified for the two residents and discharges will take place when these become available.
3. All discharges from the Centre will be completed in line with the Centre's Policy and Procedure on Admissions, Discharges and Transitions of Residents [PL ADT 001].

**Proposed Timescale:** 31/08/2018

