



Report of an inspection of a Designated Centre for Disabilities (Adults).

Issued by the Chief Inspector

Name of designated centre:	Broadleaf Manor
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	26 March 2025
Centre ID:	OSV-0003397
Fieldwork ID:	MON-0046022

About the designated centre

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

Broadleaf Manor provides 24-hour care to seven adults with autism, acquired brain injuries, intellectual disabilities, mental health issues and challenging behaviours. It is a large house located in a rural setting close to a village in Co. Kildare. The house is subdivided into six supported living environments which are self-contained spaces comprising a bedroom, en suite, sitting room, and some have access to a kitchen area. Two residents have their own bedrooms with en suite and share a kitchen and sitting room. To the rear of the house are large gardens, many of which are separate and in line with residents' assessed needs. There is a games room for residents to use in the garden. Residents have access to their own vehicles. The staff team comprises of a person in charge, team leaders, deputy team leaders, social care workers and assistant social care workers. Residents have access to a range of health and social care professionals in line with their assessed needs.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	7
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How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (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
Wednesday 26 March 2025	09:00hrs to 17:00hrs	Sarah Cronin	Lead
Wednesday 26 March 2025	09:00hrs to 17:00hrs	Jennifer Deasy	Support

What residents told us and what inspectors observed

From what residents told us, and what inspectors observed, it was evident that residents living in the centre were leading busy lives, and engaging in activities of their choosing. This inspection had positive findings, with full levels of compliance with regulations inspected.

Broadleaf Manor is a large two-storey house in a rural setting outside a town in Co. Kildare which is home to seven residents. The ground floor of the house comprises a kitchen and dining area, a bathroom, staff office, a sitting room, a utility room and three self-contained apartments where residents had their own bathrooms, bedroom and living area. There were large self-contained gardens to the back of the property. There was a games room out in the garden which was equipped with a television, a table-tennis table, comfortable furnishings, and a boxing bag. Upstairs was another self-contained apartment and two en suite bedrooms, two staff sleepover rooms and an office. There were renovations in progress on the day of the inspection which included replacing the flooring throughout the centre, and fitting some new bathrooms. These were areas which were identified as requiring improvement on previous inspections. The renovations had been carefully planned to minimise disruptions to residents, and to ensure that the renovations were carried out as quickly as possible. There were photographs of residents on display in the centre, and it had been painted since the last inspection. All of the residents had access to their own transport.

Residents in the centre required high levels of support relating to their mental health support needs and behaviours of concern. Each resident had a comprehensive needs assessment completed, and associated individual risk management plans, health care interventions, and personal plans. They had access to a range of health and social care professionals, and medical consultants. These included a psychiatrist, a psychologist, a behaviour specialist, a speech and language therapist, occupational therapist and a physiotherapist.

Residents in the centre largely communicated using speech, body language, eye contact and behaviours. Residents were reported to benefit from using visual supports which included easy-to-read information, schedules, reward charts and activity choices. These were observed by inspectors throughout the centre. Inspectors had the opportunity to meet with five of the seven residents over the course of the day, seven staff, the person in charge, shift lead managers and the director of operations. Interactions between staff and residents was observed to be respectful and kind, and all of the residents whom the inspectors met appeared to be comfortable in the company of their support staff. Residents were supported to have contact with their families and friends in line with their assessments of need.

On arrival to the centre, residents were preparing for their day. Inspectors met a resident who spoke about going to the GP that morning, while another told the inspectors about the progress they had made to gain employment since the last

inspection. They were going to a literacy course that morning, and spoke about their longer term goal to move out of the centre. Inspectors met another resident briefly in their apartment who was writing at their table. Their apartment was being renovated, and they had access to a large amount of gym equipment which they reportedly enjoyed. Later in the day, one inspector met with two residents individually. One resident was sitting out their back garden which had recently been upgraded. They were speaking with their support staff while having a cigarette. Their apartment was personalised to meet their needs, and they had access to their own kitchen. Another resident was in their apartment and relaxing for the afternoon after a doctor's appointment that morning. The resident spoke about not feeling well, and that they were happy in their home. They spoke about how they would speak to the person in charge if they had any concerns, and said that the person in charge 'always sorts it'. Another resident had been supported to go to Dublin for the day to meet a friend, while another did not wish to engage with inspectors.

Staff and the person in charge reported that residents were being supported to engage in community activities such as accessing Special Olympics, playing soccer, tennis, social farming, improving self-care and getting their hair done. Other residents were completing courses, going swimming and doing in-house activities such as art, music and baking. Some residents went out for coffee together, and were reported to enjoy spending time together in the games room to the back of the centre. One resident went to Mondello park regularly to look at formula 1 cars while another enjoyed going to the cinema on a regular basis. Many of the residents enjoyed going out for coffee to particular cafés, and shopping for personal items. Staff were supporting residents to learn how to budget and manage their money, and on administering their medication where appropriate.

Staff and management had completed training in human rights, and individualised discussions and education sessions were taking place with residents on their rights on a regular basis. One staff member described to the inspectors how they ensured that residents' choices were heard and they they had the opportunity to make choices and decisions. For example, the staff told the inspectors of how restrictive practices around access to cigarettes for one resident had been removed following a review that identified this was impacting on their rights. The staff member told the inspectors that they had received safeguarding training and safety intervention training. They told the inspectors that they were supported to maintain their skills in this area by practicing safety intervention skills at handover a few times per week.

In summary, it was evident that residents living in this centre were receiving a high quality service which was promoting their rights, and ensuring that they were safeguarded. Staff reported that they felt residents had a good quality of life in the centre. They described how incidents of behaviours of concern had reduced due to good care planning and a consistent response from the staff team. Residents appeared to be comfortable and content in their home. In the next two sections of the report, the findings of this inspection will be presented in relation to the governance and management arrangements and how they impacted on the quality and safety of service being delivered.

Capacity and capability

This inspection was unannounced and completed to review the arrangements the provider had 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, and the National Standards for Adult Safeguarding (Health Information and Quality Authority and the Mental Health Commission, 2019). The inspection found that the provider had made significant progress on a number of areas such as restrictive practices, improving the premises and promoting residents' rights since the last inspection. Full compliance was found with all of the regulations inspected.

Inspectors found that this was a well-run service which was ensuring that residents' core human rights of fairness, respect, equality, dignity and autonomy were upheld by staff. There was an appropriate number of staff who had the necessary skills and experience to support residents. The provider supported staff to maintain their knowledge, competencies and skills. Information was shared through detailed handovers, on-the-floor mentoring, email and staff meetings to ensure that all staff were kept informed of any developments in the centre.

The provider had effective governance and management arrangements in place to assure itself that a safe, high-quality service was being provided to residents. There were clear lines of accountability at individual, team and organisational level which meant that all people working in the centre were aware of their responsibilities and their reporting structures. The annual review and six-monthly unannounced provider visits had including reviews of safeguarding incidents and practice.

The provider had a number of systems in place to monitor, trend and address adverse incidents. There were weekly governance matrices in place, and these were reviewed on a weekly basis by senior management. Key actions were shared to the centre for implementation each week, and evidence was shown to inspectors on how these actions were tracked and progressed. Audits included areas such as incidents and accidents, health and safety, premises, safeguarding, fire, infection prevention and control and fire safety.

Regulation 15: Staffing

The inspectors reviewed planned and actual rosters for the centre from February and March 2025. Across three dates explored, inspectors saw that the staffing levels were maintained in line with the statement of purpose. Inspectors also saw that there were sufficient staff on duty on the day to meet the needs of the residents.

There were three vacancies in the centre at the time of the inspection. Gaps in the roster arising from these vacancies were filled by consistent relief staff which was

supporting continuity of care for the residents.

Inspectors found good recruitment practices which ensured that staff had met all requirements prior to working with vulnerable people. The inspectors reviewed the schedule 2 files for three staff and saw that these contained all of the information required by the regulations including, for example, an up-to-date Garda vetting report and a copy of staff members' qualifications.

Judgment: Compliant

Regulation 16: Training and staff development

The provider supported staff to reduce the risk of harm and promote the right, health and wellbeing of residents by providing training, development and supervision. Inspectors reviewed the staff training matrix and found that there was a high level of compliance with mandatory and refresher training. All staff were up to date in key areas including safeguarding, safety interventions, human rights and infection prevention and control. Staff spoken with were informed of their roles and responsibilities in particular in respect of safeguarding and residents' rights.

Staff members were in receipt of regular support and supervision. The supervision records for three staff were reviewed by inspectors. Inspectors saw that supervision provided an opportunity for the person in charge to review staff training needs and to encourage staff member's continuing professional development.

To ensure that staff training and knowledge were translating into practice, staff received of regular "on-the-job" supervision and support. For example, a mentoring form showed how staff knowledge of various procedures was assessed. Action plans to enhance staff knowledge were implemented if required. The person in charge had introduced a training element to handover meetings each day on topics such as report writing, restrictive practices, rights and safeguarding. This ensured that there was a focus on continual quality improvement. Where concerns were identified with respect of staff performance, these were managed appropriately in line with local human resources policies.

Judgment: Compliant

Regulation 23: Governance and management

There were clearly defined management system in the centre and it was evident that the management systems were effective in ensuring oversight of the quality and safety of care. Provider-level audits such as the six monthly unannounced visits and the annual review were comprehensive and informed detailed action plans. The

inspectors saw that actions were implemented and addressed in between audits. This showed that audits were effective in driving service improvement. For example, a six monthly audit in November 2024 identified that there had been an increase in safeguarding incidents in the centre and recommended a root cause analysis be undertaken to determine the reason for this. The inspector saw that the relevant stakeholders had met in January 2025 to conduct this analyses and that they had implemented an action plan to address this issues.

There were a series of regular meetings at all levels of the management chain. The person in charge had measures in place to supervise staff through formal supervision and regular "on-the-job" assessments of staff knowledge. Weekly meetings were held between the person in charge and the service manager. The inspectors reviewed records of three of these meeting which occurred in January and February 2025. The records showed that important issues pertaining to the quality and safety of care were discussed, for example staffing issues, staff training and adverse incidents. These meetings were effective in ensuring that the person in charge could escalate concerns to the provider level.

Judgment: Compliant

Quality and safety

Inspectors found that many of the principles outlined in the National Standards for Adult Safeguarding were promoted in the service to ensure residents were receiving a service which promoted and upheld their rights. Residents were leading busy and active lives, and doing activities of their choosing at times which suited them. While risk was assessed, and control measures were in place to ensure the safety of residents, this did not preclude residents from taking part in a range of activities in their local communities. The premises was in the process of being upgraded on the day of the inspection to improve residents' living environments.

Residents had detailed behaviour support plans and individual risk management plans which had safeguarding considered throughout. Restrictive practices were rationalised and reviewed, and discussed with residents. They were reduced or eliminated following clear criteria being met. To ensure that physical holds were implemented in a safe and consistent way, staff were facilitated to practice these at handovers.

The provider had a safeguarding campaign ' See it , Say it , Sort it' to promote a culture of open disclosure and reporting of concerns. It was clear that the provider had taken a robust approach to trending of safeguarding incidents, which included doing a root cause analysis of incidents to identify any additional factors which may have contributed to these events. Learning from these exercises were used to inform changes in practice, and it was evident that the provider was taking account of wider issues that led to the incident.

Staff were completing training in residents' rights, and in turn supporting residents to learn about their rights. For some residents, their placements, and some rights restrictions were determined externally. Residents had support from solicitors and there were practices in place to ensure residents who were supported by external decision makers were consulted with. It was evident that the provider endeavoured to promote residents' rights, and to ensure that residents were supported to exercise their rights and to develop skills.

Regulation 17: Premises

The designated centre was designed and laid out to meet the number of residents and their assessed needs. Premises works were underway at the time of inspection to enhance the facilities. For example, bathrooms and flooring throughout were being upgraded.

The provider had taken action to ensure that safeguarding risks were considered in the layout of the premises. For example, sound proofing had been placed on walls outside one residents' living space following them making a complaint about the impact of a peer. To ensure that peer-to-peer incidents were managed, some residents had their own living spaces and gardens, while others shared.

Residents each had their own bedrooms which were designed to meet their assessed needs. Some bedrooms and bathrooms were equipped with specialist facilities to reduce the risk of harm to residents from self-injurious behaviours. Other residents shared sitting rooms and kitchens and access to more typical and homely facilities. A games room provided an additional space for residents to relax in each others company.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider developed and implemented a risk management policy that safeguarded residents. There were systems in place in order to identify, assess and manage risks in the centre. Inspectors reviewed centre-specific risk register in addition to individual risk management plans. These outlined control measures which mitigated against risks in the centre. The person in charge was knowledgeable about risks in the centre, and outlined actions which were taken to address these risks.

Safeguarding was recognised as a risk, and there were plans in place which were implemented to ensure each persons' safety in the centre in areas such as finances, reducing negative interactions, and keeping residents and staff safe. As outlined in other areas of the report, there was evidence of positive risk taking which meant

that residents were engaging in activities of their choosing, including those which contained elements of risk.

Incidents and accidents were documented and reported, and monitored by the management team. It was evident that follow up actions were taken and learning was shared with the team at handover, and discussed at staff meetings.

Judgment: Compliant

Regulation 7: Positive behavioural support

Many residents in the centre presented with behaviour support needs. Inspectors found that responsive behaviours were managed in a way which kept everybody safe whilst also having minimal impact on the person exhibiting the behaviours. Inspectors viewed four care plans and found that for all residents, there were proactive and reactive strategies documented in their personal plan, and their individual risk management plan to guide staff to provide a consistent and safe service. For residents with more complex behaviour support needs, a multi element behaviour support plan was in place. Residents who required access to a psychiatrist were facilitated to engage with them on a regular basis. There were clear protocols in place in relation to pro re nata (PRN) medication.

There were a high level of restrictions in the centre. These related to the physical environment such as coded access points, restricted access to sharps and other items, use of adapted taps and showers and specific furniture for some residents. There were rights restrictions in relation to access to finances, regular environmental checks, and access to particular areas in the community due to their assessed needs. Physical restrictions were also in place such as use of a harness on transport and on occasion, physical holds were used in conjunction with a safety pod. Physical holds were documented as part of a reactive response to situations as a last resort. Residents' multi element behaviour support plans outlined which holds were appropriate for each resident, and staff practised holds regularly at handover to ensure they remained competent in using them.

There was a restrictive practice log in place. Residents' support plans demonstrated a clear rationale for any restrictions which were in place in addition to criteria for reducing and eliminating these practices where possible. For example, on the day of the inspection, inspectors found that some practices which were evident on previous inspections such as removal of access codes for one resident, and the removal of closed circuit television (CCTV).

Judgment: Compliant

Regulation 8: Protection

The provider had policies and procedures in place to ensure residents living in the centre were safeguarded from abuse. There was a high level of notifications relating to safeguarding which had been submitted to the Office of the Chief Inspector in the twelve months prior to this inspection taking place. Inspectors reviewed corresponding reports which had been submitted to the Health Service Executive (HSE) Safeguarding and Protection Team.

The person in charge monitored trends related to safeguarding on a weekly and monthly basis. Inspectors viewed evidence of a root-cause analysis being completed following each allegation, and where required, additional measures were taken. For example, multidisciplinary team meetings, adapting specific plans for residents, holding a 'significant conversation' with the resident and completing body charts where this was required. Safeguarding was a standing agenda item for team meetings, and the person in charge carried out tests of knowledge with the staff team on a regular basis. These were documented and available for inspectors to review. Safeguarding was also discussed regularly with residents in addition to complaints, rights and restrictive practices. Two of the residents told inspectors that they were able to speak to the person in charge if they had any complaints or concerns.

Inspectors viewed a centre-specific safeguarding plan which outlined potential vulnerabilities for each resident and a number of preventative measures. These measures included education sessions with residents and staff, ensuring that staff consistently followed individual risk management plans, behaviour support plans and intimate care plans.

Inspectors reviewed a sample of three personal and intimate care plans. These were detailed and gave staff clear guidance on what level of support residents needed in different care routines, and how to ensure that their privacy and dignity was maintained.

Judgment: Compliant

Regulation 9: Residents' rights

As outlined throughout the report, the residents living in this centre presented with complex needs, and were living in an environment which had a high number of restrictions in place. However, in spite of this, there was a positive approach to risk taking in the centre and residents' rights to make decisions which were considered to be unwise. For example, some residents chose to spend a large amount of money on cigarettes. Staff continued to provide information to residents, and engage with them on budgeting.

Residents were observed making decisions on their daily routines, and activities they wished to do, and one resident spoke about their longer-term goals. Residents were

supported to assess risks associated with choices they made and weigh up the benefits and potential harms.

Residents' right to access information was promoted and upheld. For example, inspectors saw easy-to-read information about residents' rights, safeguarding, complaints and restrictions. Visual supports were also used to promote understanding of information about routines, budgets and behaviours. A sample of key working sessions were viewed and these showed that residents were supported to be given information on a one-to-one basis. These meetings were documented, and were reflective of the interactions which took place.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant