

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

Issued by the Chief Inspector

Name of designated centre:	Bridge View
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Kilkenny
Type of inspection:	Announced
Date of inspection:	27 June 2024
Centre ID:	OSV-0005848
Fieldwork ID:	MON-0035189

About the designated centre

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

Bridge View is a designated centre that provides 24-hour care to children, both male and female with a wide range of support needs including autism, intellectual disability and challenging behaviours. The property is a detached two-story building located in a rural area of Co.Kilkenny. The centre is located close to Waterford City, where a number of local amenities are located including shops, clubs, coffee shops, restaurants and beaches. The buildings ground floor comprises of a kitchen, dining room, living room, utility room, entrance hall, bathroom and staff room. On the first floor there are four en-suite bedrooms, and a landing. There is also a larger recreation room adjacent to the house. The property is surrounded by gardens to the front and rear of the building. The Bridge View Team uses a social model of care. Nua Healthcare also provides the services of a Multidisciplinary Team. These services include; Psychiatrist, Psychologist, Occupational Therapist, Speech and language Therapist and Nurses.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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
Thursday 27 June 2024	10:30hrs to 17:00hrs	Miranda Tully	Lead

What residents told us and what inspectors observed

This was an announced inspection completed to monitor levels of compliance with regulations and to inform the upcoming decision in relation to the renewal of the centre's registration. The inspector had the opportunity to meet with three residents that lived in the centre and briefly see the fourth as they left for the gym after school. In addition to speaking with residents, the inspector observed daily routines with residents, spent time discussing residents' specific needs and preferences with staff and completed documentation review in relation to the care and support provided to residents. Overall, it was found that the care and support was person-centred and in line with the residents' specific needs.

On arrival at the centre, it was noted that it was a well-maintained, large two-storey detached residence. All residents had their own en-suite bedrooms and these had been personalised to suit their preferences. The house also had communal kitchen, living and dining areas. There was a large, well maintained garden surrounding the property, which included new astro turf areas to play football and sports. There was also an external room which could be utilised as an additional recreational space.

All residents appeared to be supported to engage in individualised daily activities with plans in place for the summer months when they were not attending education. Residents engaged in a variety of activities such as swimming, attending concerts, youth club, playgrounds, cinema and in house activities such as puzzles, gardening and watching films. Residents had access to service vehicles to attend their preferred activities and education.

On the day of inspection, one resident attended a wild life park, on their return the inspector met with them and observed them completing a puzzle. The resident appeared content engaged in the activity and in the presence of staff. Another resident spoke with the inspector for short intervals at times throughout the inspection. The inspector observed the resident completing tasks in the garden and also engaging with staff about sport. It was evident the resident had established a positive rapport with staff and enjoyed the engagement. A third resident declined to speak with the inspector however waved as they were leaving to attend a gym session. The gym was an important pastime for the resident, it was evident this was encouraged and supported by the staff team. The fourth resident was enjoying a meal and choose not to engage with the inspector, this was respected by the inspector.

Residents appeared to be regularly consulted regarding their views on the service provided. The service complaints procedure was observed prominently displayed in the centres hallway, along with pictures of the services management team.

High levels of staff support were noted in the centre and the staff team appeared knowledgeable regarding the residents' individual preferences and needs when

speaking with the inspector.

As this inspection was announced, the residents' views had also been sought in advance of the inspector's arrival via the use of questionnaires. The response from residents was positive with residents noting they liked where they lived, could make their own choices and decisions and were supported by staff.

In summary, based on what the residents communicated with the inspector and what was observed, it was evident that the residents received a good quality of care and support. It was found that the care and support provided was person-centred and in line with the residents' specific needs in this centre.

The next two sections of the report present the findings of this inspection in relation to the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered.

Capacity and capability

Overall the inspector found that the registered provider was demonstrating effective governance, leadership and management arrangements in the centre which ensured they were effective in providing a good quality and safe service.

The provider had established good systems to support the provision of care and support to residents. There was evidence of regular quality assurance audits of the quality and safety of care taking place. Quality assurance audits identified areas for improvement and action plans were developed in response.

Registration Regulation 5: Application for registration or renewal of registration

The application for the renewal of registration of this centre was received and contained all of the information as required by the regulations.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had appointed a full-time, suitably qualified and experienced person in charge to the centre. On review of relevant documentation there was clear evidence the person in charge was competent, with appropriate qualifications and skills to oversee the centre and meet its stated purpose, aims and objectives. The

person in charge demonstrated good understanding and knowledge about the requirements of the Health Act 2007, regulations and standards. The person in charge was familiar with the residents' needs and could clearly articulate individual health and social care needs on the day of the inspection.

Judgment: Compliant

Regulation 15: Staffing

On the day of inspection, there was an experienced and consistent staff team in place in this centre and there were high levels of staff support for residents. Throughout the inspection, staff were observed treating and speaking with the residents in a dignified and caring manner.

The inspector reviewed a sample of the roster and found that there was a core staff team in place which ensured continuity of care and support to residents. On the day of the inspection, the registered provider ensured that there were sufficient staffing levels to meet the assessed needs of the residents.

On-call arrangements were in place and communicated to staff to ensure access to managerial support at times when this may be required.

Judgment: Compliant

Regulation 16: Training and staff development

There were systems in place to monitor staff training and development. The staff team were up to date in mandatory training. This included training in fire safety, manual handling, behaviour management, safeguarding, childrens first, food safety, autism, intimate care, medication management, first aid and infection prevention and control. The staff team appeared to have the skills and knowledge to support the needs of the residents.

Staff were completing regular formal one to one staff supervision and appraisals with their line managers. On the floor mentoring and supervisions were also completed by the management team with staff.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.
Judgment: Compliant
Regulation 23: Governance and management
High levels of compliance with the regulations reviewed were observed on the day of inspection. There was a clearly defined management structure in place. The governance systems in place ensured that service delivery was safe and effective through the ongoing audit and monitoring of its performance resulting in a thorough and effective quality assurance system. For example, there was evidence of quality assurance audits taking place to ensure the service provided was appropriate to the residents' needs. The quality assurance audits included the annual review and six-monthly provider visits. These audits identified areas for improvement and developed action plans in response. The inspector noted actions required in relation to medication management, this is reflected under Regulation 29.
Judgment: Compliant
Regulation 3: Statement of purpose
The statement of purpose clearly described the model of care and support delivered to residents in the service. In addition a walk around of the property confirmed that the statement of purpose accurately described the facilities available including room size and function.
Judgment: Compliant
Regulation 31: Notification of incidents
All required notifications had been submitted to the office of the chief inspector in line the requirements of regulation.
Judgment: Compliant
Regulation 34: Complaints procedure

A clear complaints process was provided in the centre. Information guiding residents how to complain was available to them. The service complaints procedure was observed prominently displayed in the centres hallway, along with pictures of the services management team.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the provider and local management team were striving to ensure residents were in receipt of a good quality and safe service. The inspector reviewed a number of areas to determine the quality and safety of care provided, including review of premises, review of risk management, general welfare and development, protection and medication management.

Residents were found to be supported to engage in various social activities. Plans clearly outlined the supports residents may require. Residents were being supported to develop and achieve their goals and participate in a range of activities.

Regulation 13: General welfare and development

Residents were being supported to develop and achieve their goals and participate in a range of activities. A sample of residents personal plans were reviewed. These plans clearly outlined the supports residents may require. Residents were provided with a variety of in-house and community activities. For example, swimming, attending concerts, youth club, playgrounds, cinema and in house activities such as puzzles, gardening and watching films.

One resident completed their final day of school on the day of inspection. An assessment has been completed for adult services and relevant professional engaged regarding long term planning for the resident. One resident was in receipt tuition through the provider, it was evident that efforts had been made to source additional education prior to the inspection. A school placement has been sourced for next academic year. The other residents were in full time education at the time of inspection.

Judgment: Compliant

Regulation 17: Premises

<p>The premises was designed and laid out to meet the assessed needs of the residents. All residents had their own bedrooms and en-suite and these had been personalised to suit the residents own preferences. The provider had ensured the provision of all matters set out in Schedule 6 including recreational space, storage and dining facilities. An outdoor play area was also made available.</p>
<p>Judgment: Compliant</p>
<p>Regulation 20: Information for residents</p>
<p>The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre in an appropriate format.</p>
<p>Judgment: Compliant</p>
<p>Regulation 26: Risk management procedures</p>
<p>There were systems in place for the assessment, management and ongoing review of risks in the designated centre. The provider's risk management policy contained all information as required by the Regulation. Risks were managed and reviewed through a centre specific risk register. The inspector reviewed samples of centre specific risks in addition to individual resident risks and found them to be detailed with control measures in place that had been considered and regularly reviewed.</p> <p>Arrangements were also in place for identifying, recording, investigating and learning from incidents, and there were systems for responding to emergencies.</p>
<p>Judgment: Compliant</p>
<p>Regulation 28: Fire precautions</p>
<p>The registered provider had ensured that appropriate systems were in place for fire safety in the designated centre. The centre had suitable fire safety equipment in place which were serviced as required. There was evidence of regular fire evacuation drills taking place with staff and residents and these demonstrated that the centre could be evacuated in an efficient manner in the event of a fire.</p> <p>Residents had personal emergency evacuation plans which detailed levels of support required to evacuate in the event of a fire. All staff had completed up-to-date fire</p>

safety training.
Judgment: Compliant
Regulation 29: Medicines and pharmaceutical services
<p>In general, the inspector found safe systems were in place for the management of medicines in the designated centre. There was a safe and secure storage facility in place and there were clear records of residents medication administrations maintained. Residents medications had all been reviewed and signed by their general practitioner (GP). All staff had received training in the safe administration of medication.</p> <p>Some minor areas for improvements were observed to ensure that systems were always safe and that medication was administered appropriately. Further detail was required to guide the administration of PRN (as required) medication. For example, further guidance was required where more than one medication was prescribed for the same reason. In addition, some PRN medication required review to ensure it was administered for the reason prescribed.</p>
Judgment: Substantially compliant
Regulation 5: Individual assessment and personal plan
<p>Residents had comprehensive assessments of need and personal plans in place which were regularly reviewed. Residents needs assessments included a comprehensive review of their care history, health, educational needs, safeguarding risks, general risks, behaviours of concern and abilities regarding activities of daily living.</p> <p>Each resident had individual monthly outcomes set which were a daily staff focus. Daily planners were developed to support residents to achieve their desired outcomes. Regular key working sessions were completed with residents.</p>
Judgment: Compliant
Regulation 6: Health care
<p>Appropriate health care for residents was provided. The health-care needs of residents was suitably identified. Healthcare plans outlined supports provided to residents to experience the best possible health. There was evidence that residents</p>

<p>were facilitated to attend appointments with health and social care professionals as required. For example, dietician, GP and OT supports were available.</p>
<p>Judgment: Compliant</p>
<p>Regulation 7: Positive behavioural support</p>
<p>Residents' were supported to manage their behaviours. Residents had behavioural support plans in place which were developed and reviewed by behavioral specialists. Behavioural support plans detailed behavioural precursors and triggers and also set out proactive and reactive strategies to support the resident.</p> <p>The use of restrictive practices was well recorded with clear rationale and risks identified for the use of them. Risk which warranted the use of restrictive practices were reviewed regularly and reduction plans were in place. The use of restrictive practices in the centre had been notified to the chief inspector on a quarterly basis as required.</p>
<p>Judgment: Compliant</p>
<p>Regulation 8: Protection</p>
<p>There were systems in place to safeguard residents. Residents had intimate care plans in place which were subject to regular review and guided staff when they were supporting them with personal care. All staff had completed training in safeguarding and childrens first. Regular key working sessions were completed with the residents where safeguarding was regularly discussed.</p>
<p>Judgment: Compliant</p>

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	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	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 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Bridge View OSV-0005848

Inspection ID: MON-0035189

Date of inspection: 27/06/2024

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 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: 1. The Person in Charge (PIC) will ensure that all Individual Medication Kardex's are reviewed in full and updated where required by relevant Allied Health Professionals to provide clear guidance on when to administer PRN medications and the purpose of same. 2. Any updates to Individual Kardex's shall be communicated to, and staff team briefed by the PIC, at the next monthly Team Meeting.	

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 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	31/08/2024