



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

Issued by the Chief Inspector

Name of designated centre:	Brayleigh
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Limerick
Type of inspection:	Unannounced
Date of inspection:	02 February 2023
Centre ID:	OSV-0008048
Fieldwork ID:	MON-0038047

About the designated centre

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

Brayleigh is a designated centre located in a rural area of Co. Limerick which can provide accommodation to three individuals from the age of 12 to 18, both male and female, with an intellectual disability, autism and challenging behaviours. Accommodation is spread over three apartments and a communal area. Staffing support is afforded to residents in accordance with their assessed needs both by day and night. Presently this is through social care workers and the day to day oversight is maintained by a person in charge. The provider states the staff team through a social model of care will work with each resident on an individual basis to develop their personal plans which reflects their needs and desires.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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 2 February 2023	10:00hrs to 17:30hrs	Elaine McKeown	Lead
Thursday 2 February 2023	10:00hrs to 17:30hrs	Louise O'Sullivan	Support

What residents told us and what inspectors observed

This was an unannounced inspection to monitor the provider's compliance with the regulations and to follow up on the provider's progress with actions identified from the previous inspection completed in November 2021. In addition, ensuring residents were being supported to have a good quality of life in a safe environment while being supported as per their assessed needs.

There were no residents present in the designated centre when the inspectors arrived. All three residents had left to attend their school services. The person in charge and other staff members present were observed to be wearing appropriate personal protective equipment (PPE) when introduced to the inspectors and throughout the inspection.

The inspectors were introduced to two residents at times during the day that fitted in with their routines and when they indicated to the staff that they would like to meet with the inspectors. The third resident was not expected to return to the designated centre directly from school and they had a planned visit from a member of their extended family. Inspectors did not wish to cause any upset or confusion for this resident and only observed the resident briefly when passing outside the apartment as the inspection ended. The resident was seen to be relaxing on their swing chair at that time.

One resident had returned to the designated centre in the early afternoon to facilitate a planned appointment with a health and social care professional. The resident spoke of how they enjoyed going to school and liked to be able to go out in their dedicated transport vehicle daily. They had been supported by staff to apply a colour in their hair in the weeks prior to this inspection. There were photographs of the resident smiling after their hair had been styled and they responded positively when inspectors complimented the resident. Staff present encouraged the resident to outline where they had travelled to the day before the inspection and what plans they had for the evening ahead. The resident also explained how they had plans to make a preferred hot drink with staff in the communal kitchen area. The resident stated they were happy with their apartment and had picked out the paint colours for the walls. There was also a large area of one of the walls comprised of a blackboard surface on which the resident could write or do some art work. A number of positive phrases were written on the area at the time of the inspection.

Later in the afternoon the inspectors met with a second resident after they had completed their routine upon returning from school. They were observed to be smiling and joking with staff present. The resident liked outdoor activities and the inspectors were informed that the resident had been given a bicycle as a Christmas gift. The resident named a number of places they liked to go to ride their bicycle. They also enjoyed telling the inspectors how the staff also had a bicycle so they could go cycling together. Staff explained that the resident's dedicated transport vehicle was fitted with a bicycle rack on the rear so that this activity could be

enjoyed in a number of different locations which the resident liked to frequent. The inspectors were informed the resident also enjoyed basketball, shopping on the Internet and had plans to join a local community youth group. This resident proudly informed the staff present and the inspectors of the progress they had recently made while horse riding. This involved the resident guiding their horse for a short distance without any other person holding the lead.

There was a core group of staff available to provide consistent care and support to the residents by day and night. During the inspection all staff were observed to be familiar with the assessed needs of the residents. They supported the residents in a professional and respectful manner throughout the inspection. Staff spoken with outlined the ongoing adaptations that were required to each resident's daily routines and apartments to ensure they engaged in meaningful activities and attended school while ensuring their ongoing safety at all times. For example, one resident could become distracted while enjoying their outdoor trampoline in the morning before going to school. This had occurred the day before the inspection. It resulted in the resident not attending school as scheduled. The person in charge outlined how a smaller indoor trampoline was being considered which would support the resident to enjoy their preferred activity before going to school but would possibly assist staff in supporting the resident to leave their apartment so that they could attend school in a timely manner.

In addition, the inspectors were informed that one resident was assessed in April 2022 to no longer require the services of a guardian ad litem (a person appointed by the courts to inform of a child's wishes and feelings and to give advice on what they thinks is best for the child). Staff outlined to the inspectors the progress the resident had made in the time since their admission to this designated centre. The resident was informing staff if they were feeling anxious more frequently rather than experiencing episodes of anxiety. They expressed to staff if they wished to have personal space, which was provided to them in their apartment. The resident had also developed a coping mechanism of asking staff for a hand squeeze if they were feeling upset. The resident was actively participating in a reward system that was assisting them to have an improved quality of life which facilitated increased choice of activities. In addition, the resident was working towards a personal goal that they had expressed to staff regarding their seating arrangements in their transport vehicle at the time of this inspection.

Another resident was being supported to engage in more community activities. Staff were reviewing the option of introducing swimming activities in the future with one option being considered to book the swimming pool for a private session so the resident could have the space to themselves. Staff also spoke about the support provided to this resident by the educational staff team in the resident's school. They were informed in advance of what time the resident would be arriving to the school each day and the familiar staff would be waiting for the resident on their arrival to assist with a smooth transition into the school.

The inspectors completed a walk around of the designated centre with the person in charge. Each apartment was decorated in line with the preferences and assessed needs of the residents. The person in charge had ensured deep cleaning of

bathroom areas had taken place due to an ongoing issue regarding water quality in the local area resulting in discolouration of tiles occurring in shower areas. In addition, some tiled areas had been replaced by the provider. A broken tile was identified in one bathroom during the walk around which was immediately reported by the person in charge for the issue to be addressed. A person was observed by inspectors to be on-site during the inspection to address other maintenance issues that had been identified prior to the inspection. There were three dedicated transport vehicles available for the residents. This enabled each individual to engage in activities within the community as per their expressed wishes.

In summary, the inspectors found residents being supported to engage in regular school activities, community activities and individual interests in line with their preferences. However, a number of issues relating to management of finances, protection against infection and risk management were identified during the inspection. These will be further discussed in quality and safety section of this report.

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

Capacity and capability

Overall, the inspectors found that there was a governance and management structure with systems in place which aimed to promote a safe and person-centred service for children availing of residential services in this designated centre. All actions from the previous Health Information and Quality Authority (HIQA) inspection had been addressed.

The person in charge worked full-time and their remit was over this designated centre only. They were supported in their role by two deputy team leaders and delegation of responsibilities was taking place. For example, staff supervisions for the entire staff team were scheduled for 2023 which were planned to be completed by the person in charge and the deputy team leaders. The person in charge also worked with the residents but did have protected time each week to complete their administration duties. They demonstrated a knowledge of the role and responsibilities of the person in charge, they were familiar with the assessed needs of the residents and ensured oversight in the designated centre. This included regular audits being completed with actions identified and addressed in a timely manner.

There was a core staff team, with additional support provided by regular relief staff to fill any gaps in the planned roster. At the time of this inspection there were four whole-time equivalent vacancies. The inspectors were informed the provider was actively seeking to recruit suitably qualified persons to fill these posts. The person in

charge outlined how staff who did not work full-time provided assistance with any gaps that may occur in the roster. This helped to ensure that familiar staffing resources were maintained in line with the assessed needs of each resident.

The provider had ensured an annual review and six monthly audits had been completed in the designated centre. The format of the annual review completed in July 2022 assessed the performance of the designated centre against the National Standards for Residential Services for Children and Adults with Disabilities. While it was a detailed report outlining actions in a number of areas, the report lacked information on what it was like for the residents to live in the designated centre. For example, what progress there had been with new activities or achievements that had been made by residents in the previous months. The report did contain plans for the year ahead for the two residents living in the designated centre at that time. These included assisting with developing skills to promote independence. However, the inclusion of residents' views and input had been identified on a subsequent audit completed by the provider with an action to encourage residents to complete satisfaction surveys to capture their views going forward. Family representatives' feedback outlined the positive impact the service was having for their family member. An easy-to-read version of the annual review was also identified by the provider's own auditors as not being available for residents.

On review of documentation during the inspection, some gaps were identified which included that one resident did not have a signed contract of care. The contract is a written agreement between the resident or their representative and the provider that sets out the terms and conditions for services provided in the designated centre, and the rights and responsibilities of both parties. Other issues that were identified by the provider's own auditors regarding gaps in documentation will be further discussed in the quality and safety section of this report.

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full time and they held the necessary skills and qualifications to carry out their role.

Judgment: Compliant

Regulation 15: Staffing

There was a planned and actual rota in place. A core staff team was available to support the needs of the residents. While there were staff vacancies at the time of this inspection, regular relief staff were available to ensure staffing resources were

in line with the statement of purpose and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

The provider had ensured a staff training and supervision schedule for 2023 was in place. All staff had completed the required and mandatory training. There was evidence of ongoing review of the training requirements of staff within the designated centre.

Judgment: Compliant

Regulation 19: Directory of residents

The provider had ensured a directory of residents was available and maintained in the designated centre.

Judgment: Compliant

Regulation 23: Governance and management

The registered provider had ensured the designated centre was resourced to ensure the effective delivery of care and support to residents. The registered provider had also completed an annual review and internal provider led audits. Actions identified during these audits were completed or documented as being progressed which included ensuring consultation with residents and their views being captured in annual reviews going forward. There was also a schedule of audits in place in the designated centre.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The registered provider had not ensured all residents had a written agreement which outlined the terms on which the resident shall reside within the designated centre.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the regulations. Some minor changes were made during the inspection.

Judgment: Compliant

Regulation 31: Notification of incidents

The Chief Inspector was notified in writing of all quarterly reports and adverse events as required by the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There were no open complaints in the designated centre at the time of this inspection. Staff were aware of the provider's complaints policy. Residents were supported to make a complaint and their satisfaction had been documented when the issue had been resolved.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had ensured policies and procedures on matters set out in Schedule 5 had been implemented. An action relating to the policy on the provision of education had been adequately addressed since the previous inspection.

Judgment: Compliant

Quality and safety

Overall, residents' well-being and welfare was maintained by a good standard of care and support to provide a person-centred service where each resident's individuality was respected. However, further improvements were required to ensure compliance with the regulations regarding the management of personal possessions, protection against infection and risk management.

At the start of the inspection, inspectors observed the three personal secure boxes that were provided for the safe storage of the residents' personal money, bank cards and other important personal documentation in the staff office. The inspectors acknowledged that access to the staff office was secured at all times with keypad access operating on the access door throughout the inspection. However, all three safes had the access keys in the doors which were also unlocked and opened back to the fully open position. These remained unlocked for a period of time until the issue was brought to the attention of the person in charge by the inspectors. As the inspection progressed while reviewing the personal plan of one resident, an inspector reviewed documentation containing sensitive information and details of how to access the personal bank account for the resident. This resident's bank card was located in the open safe at the time. The inspectors acknowledge that the provider had protocols in place for the twice daily checking of all residents finances and weekly checks undertaken by the person in charge. However, inspectors were not assured that safe protocols were consistently adhered to in the designated centre to ensure residents were being effectively supported to manage their financial affairs.

As previously mentioned, the designated centre provided individual apartment style accommodation for the three residents. Each of these areas had been designed to support the assessed needs of each individual while ensuring their ongoing safety. For example, one resident had their bedroom designed to replicate their bedroom at home. While the layout appeared unconventional to the inspectors, staff provided assurance that the resident had demonstrated their preference for this design and consistently slept very well each night. The assessment of each resident's safety in their apartment was evident. Fixtures and fittings were in place to reduce the risk of harm while maintaining a homely atmosphere in line with the resident's expressed wishes. These included specialised curtains on some window openings, if the resident wished to have them in their apartment. Alternatively, a privacy covering was attached to glazing if the resident did not wish to have curtains in place. This was to ensure the residents' privacy and dignity. The person in charge also outlined the review that was in progress regarding the height of a boundary fence at the rear of one apartment. The resident liked to use their large trampoline in this space but it was visible from a public road which was located at an elevated height directly behind the area.

However, a number of issues were identified by inspectors during the walk around of the designated centre. Inspectors were informed of how two of the three residents were supported to access the communal areas of the designated centre which included the kitchen and hallway areas. An Issue was identified by inspectors in the kitchen, a roller blind on a patio door was observed to have the opening/closing mechanism hanging freely. This plastic chain did not have a quick release safety mechanism or was not secured to the frame of the door as per other blinds in the designated centre. In addition, the kitchen counter had evidence of a worn surface in some areas. The person in charge advised that re-varnishing of the wooden counter was scheduled to be completed. As previously mentioned in this report, there was a person on site during the inspection to assist with other maintenance issues that had been already identified by the staff team and provider in the designated centre.

The inspectors observed an open shelved storage unit in a communal hallway at the entrance to one of the apartments. This contained a number of items including an electrical cable for an electronic device and toiletries. Items that were identified as causing potential harm to residents in their apartments. The storage unit was being used by one resident to store personal items but was accessible to the other resident, if they entered the hallway. The location of these items in the hallway had not ensured the ongoing safety of residents in line with their assessed needs. This issue was discussed with the staff during feedback at the end of the inspection.

Other issues relating to the premises were identified which impacted on compliance with Regulation 27 Protection against infection. There were gaps evident between a number of floor surfaces where a build-up of debris was evident. For example, the floor covering in one of the bedrooms and where different surfaces were joined in doorways in another apartment. This adversely impacted on the effectiveness of cleaning that was being completed regularly by the staff team. In addition, there were a number of different sources of hand gel that were available to staff in the designated centre. These included dispensers secured to walls and free standing containers. The expiry date on one particular alcohol based product that was in use in the designated centre was unknown and not present on the individual containers. Staff were unsure at the time of this inspection of the provider's guidance on the length of time opened containers of hand gel could continue to be used. Inspectors were informed that the person in charge would link with the provider's IPC resource to seek clarification on this issue. In addition, not all hand gel dispensing units contained adequate supplies of product on the day of the inspection. The inspectors were informed the provider employed an external contractor to complete this task. The person in charge had ordered additional hand towel dispensing units which were awaited at the time of the inspection.

The inspectors reviewed a contingency plan for the care of residents in the event of an outbreak of COVID-19. However, the date of review and details of who had completed the plan were not documented. The inspectors acknowledged that staff knowledge of infection prevention and control measures was evident during the inspection which included how each resident would be supported in their own apartment in the event of them contracting the illness.

As already mentioned in the first section of this report, all three residents were supported to attend school, enjoy community activities and to develop skills to promote their independence within the designated centre. Input from health and social care professional and members of the multi-disciplinary team (MDT) was ongoing. For example, a member of the behaviour support team had spent extensive time with one of the residents in the weeks prior to this inspection. The report was still in draft, however; inspectors were informed a multi-element behaviour support plan would be developed for the resident once the report was finalised.

The provider's auditors had identified gaps in personal planning documentation through their internal auditing systems. This included the completion of an annual review for one resident that had not taken place. Personal folders required further review and were observed to still contain documents that required archiving at the time of the inspection. This had also been identified in the provider's audit in December 2022. A comprehensive needs assessment for a resident was also identified as being required and was scheduled to be completed the day after this inspection.

The registered provider ensured that there was an effective system in place for the management of fire and safety, including fire alarms and emergency lighting. Regular checks were consistently completed weekly and monthly in line with the provider's protocols. The inspectors were informed that each resident had up-to-date electronic versions of personal emergency plans (PEEPs) which had been subject to recent review. However, the printed versions reviewed by inspectors during the inspection in the fire folder had sections which were not completed or left blank. Two of the PEEPs were not signed or dated. While regular fire drills had been conducted including a minimal staffing drill, no scenario had been documented which would outline the location of the simulated fire source and the appropriate exits used. This was discussed during the feedback meeting at the end of the inspection. Inspectors also observed some inconsistencies in how staff completed the daily walk around checklist, while on occasions sections of the document were not always completed such as on 31 January 2023.

The inspectors reviewed the individual risk assessments for all three residents. Not all of these had evidence of regular review. For example one resident's risk assessment had been last reviewed in August 2022 and was scheduled to be reviewed again in October 2022; it was not evident on the documents reviewed by the inspectors that a more recent review had taken place. In addition, as previously mentioned not all risks in the communal areas of the designated centre had been identified by the staff. This included the open storage unit with items considered to pose a risk to residents located in a hallway and the unsecured mechanism of a roller blind which could lead to a risk of causing harm to residents.

Regulation 10: Communication

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their needs and wishes. This included information for staff regarding the specific phrases used by one of the residents to communicate. This information was easily accessible for staff, in particular new or relief staff to ensure they were able to effectively communicate and understand the resident at all times.

Judgment: Compliant

Regulation 11: Visits

Residents were supported to receive visitors and members of their circle of support in the designated centre.

Judgment: Compliant

Regulation 12: Personal possessions

The person in charge had not ensured protocols regarding the safe management of residents' finances and personal banking information were consistently adhered to in the designated centre.

Judgment: Substantially compliant

Regulation 13: General welfare and development

The staff team had ensured the residents had both the opportunity and facilities to take part in recreation activities of their choosing. All three residents were supported to attend appropriate educational facilities. Staff outlined plans in progress to support one resident to increase their attendance at school. At the time of the inspection they were successfully attending for two hours on each school day. A phased increase of this duration was being planned by the staff team and school while maintaining a positive outcome for the resident themselves.

In addition, residents were also supported by staff members to meet family representatives in community locations that were scheduled in advance, in line with the assessed needs of the particular residents.

Judgment: Compliant

Regulation 17: Premises

The provider had ensured the design and layout of the premises suited the assessed needs of the residents. There was evidence of ongoing maintenance throughout the designated centre. In addition, internal audits had identified a number of issues in advance of this inspection taking place which included a review of external garden spaces and the maintenance of kitchen worktops and units. These were being progressed at the time of the inspection. Issues relating to storage of items in communal areas and possible risk to residents will be addressed under regulation 26: Risk management procedures.

Judgment: Compliant

Regulation 20: Information for residents

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. It had been updated to reflect the current services provided in the designated centre

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

The person in charge had ensured two residents had been supported to transition into the designated centre since the previous inspection providing information on the services and supports available to them and their family representatives/ guardians. The transition periods were reflective of the assessed needs of each of the residents and involved staff visiting the residents prior to their admission, providing photographs and social stories in addition to decorating their apartments to reflect their individual preferences.

The person in charge supported the discharge of another resident from the designated centre in a planned and safe manner to a location which was closer to their family representatives.

Judgment: Compliant

Regulation 26: Risk management procedures

The registered provider had systems in place for the assessment, management and review of risk in the designated centre. However, not all risks present in the communal areas of the designated centre had been identified or controls in place to reduce risk of harm to the residents. In addition, not all individual risk assessments for residents documented that they had been subject to regular review at the time of the inspection.

There was also a risk of staff referencing documents such as PEEPs which were not the most up-to-date versions. While inspectors were informed electronic versions of documents had been subject to review to which staff had access to, some of the printed versions within the designated centre were not reflective of these reviews.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The registered provider had not ensured that standards for the prevention and control of healthcare associated infections were consistently adhered to in the designated centre.

Judgment: Not compliant

Regulation 28: Fire precautions

The provider had ensured effective fire safety management systems were in place in the designated centre. Regular fire drills were conducted. While inspectors noted that no scenarios were used in the drills and inconsistencies in the completion of some daily fire safety documentation was evident these issues were discussed during the feedback meeting with the provider. The risk of staff referring to PEEPs that were not the most up-to-date version in the fire folder will be addressed under Regulation 26 Risk management procedures.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The registered provider had in place a personal plan for each resident that reflected the nature of their assessed needs and the supports required. There was input from the MDT. However, the provider's auditors had identified not all residents had been supported to have an annual review or comprehensive assessment of need in the December 2022 audit and documentation contained within some personal plans required archiving. These actions were in progress at the time of this inspection.

Judgment: Compliant

Regulation 6: Health care

Residents were supported with appropriate health care within the designated centre and attended health and social care professionals as required. The provider had ensured through internal auditing processes that gaps in documentation had been addressed.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported by a staff team that had up-to-date knowledge and skills to assist residents' in-line with their assessed needs. Behaviour support specialists provided ongoing input and support to residents and the staff team to ensure measures were in place to relieve anxieties. Restrictive practices were subject to regular review in line with the provider's protocols.

Judgment: Compliant

Regulation 8: Protection

The registered provider had ensured all staff had been provided with training to ensure the safeguarding of residents. Staff were aware of safeguarding plans in place to ensure the ongoing safety of residents in the designated centre.

Judgment: Compliant

Regulation 9: Residents' rights

The provider ensured residents privacy and dignity was maintained and subject to ongoing review, this included when residents' were availing of school services and engaging in social activities in the community.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Not compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Brayleigh OSV-0008048

Inspection ID: MON-0038047

Date of inspection: 02/02/2023

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 24: Admissions and contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services: To demonstrate that the Designated Centre is in line with Regulation 24 :Admissions and Contract for the provision of Services, the PIC will ensure that all Individuals have a signed copy on file for review.</p> <p>1. PIC will ensure a signed copy of the Contract of Provision of Services are on file for each resident. (Completed 03/02/2023)</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>1. PIC will ensure the finances of all residents are safeguarded effectively and in line with Nua Healthcare Finance Policy. (Completed 06/02/2023)</p> <p>2. PIC will ensure residents banking information are stored in a secure location. (Completed 06/02/2023)</p> <p>3. PIC to discuss in Team meeting the importance of safeguarding all residents’ finances. (Due date 17/03/2023)</p>	

Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>To demonstrate that the Designated Centre is in line with Regulation 26: Risk Management Procedures the PIC will ensure that the assessed needs of Individuals are reflective in Individual Risk Management Plans (IRMP). Any supporting documents will be maintained in line with their assessed needs to guide staff on the support required for the Individual.</p> <ol style="list-style-type: none"> 1. PIC has completed a review of all Residents Risk Management Plans. All of which have been updated to include risk ratings and control measure which is in line with Nua Healthcare Risk Management Policy. (Completed 15.02.2023) 2. PIC will ensure going forward all relevant updated documents are placed in Residents and Centers files. (Due Date 10.03.2023) 3. PIC will ensure all staff are briefed on SharePoint System and all need to ensure most updated versions are placed in relevant files. (Due date 17.03.2023) 4. At daily handovers and team meetings, time is set aside to discuss Risk Management and updated controls implemented are communicated and documented. This provides education and support to all team members. A sign off sheet is completed at the monthly team meeting to confirm who attends. (Due date 17.03.2023) 5. PIC has reviewed and updated all Personal Emergency Evacuation plans (PEEPS) (Completed 24.02.2023) 6. PIC will ensure all maintenance issues are communicated with the maintenance team and addressed in a timely manner. (Completed 03.02.2023) 7. PIC to ensure adequate and appropriate storage is available for each resident's personal belongings. (Due date 10.03.2023) 	
Regulation 27: Protection against infection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>To demonstrate that the Designated Centre is in line with Regulation 27 The Person in Charge will ensure that all areas identified below and monitoring of protection against infection is reviewed to ensure that risk of infection is within best practice.</p> <ol style="list-style-type: none"> 1. PIC will ensure safety walks are completed daily which will assist to identify any IPC issues. (Completed 01.03.2023) 2. PIC will ensure all Hand sanitizers have an expiry date in place (Completed 	

03.02.2023)

3. PIC will ensure all maintenance issues are communicated with the maintenance team and addressed in a timely manner. (Completed 03.02.2023)

4. PIC to ensure all maintenance concerns identified are closed off in a timely manner (Due Date 16.03.2023)

5. PIC to discuss IPC policy in the Team meeting to ensure all staff are aware (Due Date 16.03.2023)

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 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	06/02/2023
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.	Substantially Compliant	Yellow	03/02/2023
Regulation 26(2)	The registered provider shall ensure that there are systems in	Substantially Compliant	Yellow	17/03/2023

	place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.			
Regulation 27	The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.	Not Compliant	Orange	01/03/2023