



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

Issued by the Chief Inspector

Name of designated centre:	The Blossoms
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	26 January 2023
Centre ID:	OSV-0008166
Fieldwork ID:	MON-0035172

About the designated centre

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

The Blossoms is a residential centre which supports up to four children between the ages of 12 and 18 with an intellectual disability, autism and behaviours that challenge. The centre is based in a rural setting in North West County Dublin and is situated on a large site with gardens and outdoor spaces. The children residing in the centre attend school and are supported to access their local community through the supports provided by the staff team. The centre is made up of one large detached building which is divided into a main unit containing two resident bedrooms with en-suites, a large living room, a large kitchen/dining room, a utility room with separate toilet, a sun room and a staff office. There are two self-contained apartments within the centre also each of which contains a kitchen/living/dining room and a bedroom with en-suite. Both of the apartments have access to a garden space and one contains a stand-alone sensory room in the garden area. All three sections of the centre have their own independent entrances. The centre is managed by a person in charge who is employed in a full-time capacity. They are supported by two deputy team leaders and a staff team made up of social care workers and assistant support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

4

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 26 January 2023	09:20hrs to 16:30hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

This unannounced inspection was completed to monitor ongoing compliance with the regulations and standards. Overall, the findings of this inspection were that young people appeared content in the centre and to be engaging in activities they enjoyed in the house, at school, and in their local community. They were being supported to make choices and to be involved in the running of the centre. They lived in a warm, clean and comfortable house or apartment, and for the most part were supported by a staff team who were familiar with their care and support needs. The vast majority of the regulations reviewed were found to be compliant of this inspection with the exception of Regulation 31, notification of incidents. The provider had notified the Chief Inspector of Social Services of incidents that occurred in the centre, but a number of these had not been notified in line with the timeframe identified in the regulation.

On arrival, the inspector of social services was welcomed by staff who directed them to where the personal protective equipment and visitors' book was. There was a warm and welcoming atmosphere as the inspector was introduced to a young person and a number of staff in the kitchen.

There were four young people living in the centre and the inspector had an opportunity to briefly meet each of them, and had an opportunity to speak with two of them. In addition, they had an opportunity to speak with one resident's family member on the phone. The inspector also used observations, discussions with staff, and a review of documentation to find out what supports were in place for young people.

The centre was located in a quite rural area, but it was within a five minute drive of a large busy town. There were a number of vehicles in the centre to support young people to attend school and to access their preferred activities in their local community.

There was a large, well maintained garden to the front of the property and a number of times during the inspection, the inspector observed young people playing ball games and running around there. In addition to the large front garden, each of the two self-contained apartments had garden areas which contained suitable age appropriate equipment. One of the self contained apartments had a stand alone sensory room in the garden.

The large bungalow was spacious, airy, and colourful throughout. There were a number of communal areas available for young people to spend their time. These included a large kitchen come dining room, a sun room and a large sitting room. Young people had space to store and display their favourite items.

The inspector observed young people engaging in different activities during the day and on each of these occasions they appeared content and comfortable in the

house, and in the presence of staff. Kind, warm, and caring interactions were observed between young people and staff, and young people were heard laughing and joking with staff at different times during the inspection. Staff who spoke with the inspector were aware of young peoples likes, dislikes and preferences, and to be motivated to ensure that they were happy, safe, and engaging in school and activities they enjoyed.

Young people spoke with the inspector about how they liked to spend their time, and about the important people in their lives. They said they liked to listen to music, watch television, use their tablet computers, go shopping, play games and sports with staff, and spend time with their family and friends. They described activities they were looking forward to, and trips they were planning to take. There were many different options of games, activities and arts and crafts available in the house. There were televisions, radios and music systems, and games consoles available in communal areas, and in young peoples bedrooms.

Young people were supported to keep in touch with, and spend time with their family and friends. In the event that supervised visits were required, this was detailed in young people's plans and agreed with them and their representatives. There were numerous areas of the house where they could spend time with their family and friends in private, and they could entertain their guests in communal areas if they wished.

There were complaints policies and procedures in place and information was available for young people in an easy-to-read format. They could also access information on their rights. For example, there were posters on display explaining the FREDA principles of Fairness, Respect, Equality, Dignity and Autonomy. In addition, social stories were available and developed as required.

Complaints and compliments were logged in the centre. The complaints and compliments procedure was discussed with young people during monthly keyworker meetings. The inspector reviewed a sample of compliments from young people's social workers and family members. These were complimentary in relation to care and support for young people and in relation to the supports offered by the staff team. Examples of comments included in these compliments were "thank you for being so kind and caring", and "thank you so much for all that you do for ... we appreciate you so much".

One young person spoke with the inspector and staff about their safety and what they would do if they did not feel happy or safe in the centre. They told the inspector that staff were good to them and that the food in the centre was nice. They talked about things they liked to do with staff and their plans for the day.

The inspector also had the opportunity to speak with one young person's parent on the phone during the inspection. They were complimentary towards the person in charge and members of staff team. They were aware of how to raise any concerns they may have and stated they were always made to feel welcome in the centre. They were complimentary towards care and support for their relative and towards the number and variety of activities they were taking part in.

The inspector observed young people being treated with dignity and respect during the inspection. Staff were observed to knock before entering rooms and to offer young people choices in relation to how and where they spent their time. There was information available on the availability of advocacy services.

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

Capacity and capability

Overall, the findings of this inspection were that young people were in receipt of a good quality and safe service. The provider was monitoring the quality of care and support they received and working to support them to gain independence and make choices in their day-to-day lives. The centre was well run as the provider's systems were proving effective at capturing areas where improvements were required, and bringing about these improvements.

The person in charge was working full-time in the centre and they were supported by deputy team leaders. They reported to a director of operations who was present in the centre regularly and available to the person in charge and staff by phone as required. The provider's systems to monitor care and support included audits, the six-monthly and annual reviews, and resident and family surveys. The latest annual review available for young people was in an easy-to-read format.

The centre was well resourced and there were systems in place to ensure the workforce were aware of their roles and responsibilities, and carrying out their duties to the best of their abilities. Staff meetings were occurring regularly and there were handovers at the beginning of each shift. Staff had completed mandatory training in line with the centre's statement of purpose, and they had completed additional training course in line with young people's assessed needs. Staff were in receipt of regular formal supervision.

There were a number of staff vacancies in the centre and the inspector was informed that the provider was actively recruiting to fill these. In the interim they were filling the required shifts with regular relief staff, where possible. They were ensuring that there was a core staff member available to support young people at key times. Due to the support needs of young people, there were 1:1 or 2:1 staffing supports in place for them. This was risk assessed and staffing levels were kept under regular review by the provider.

Regulation 14: Persons in charge

The person in charge had the qualifications, skills and experience to fulfill the role. They had systems in place to oversee the quality and safety of care and support for residents, and to support staff to carry out their roles and responsibilities to the best of their ability. They were very familiar with the care and support needs of the young people living in the centre, and motivated to ensure they were happy, safe, spending time with their family and friends, and taking part in activities they enjoyed.

Judgment: Compliant

Regulation 15: Staffing

There were a number of staff vacancies at the time of the inspection. The inspector was informed there was one whole time equivalent (WTE) social care worker vacancy and 2.5 WTE assistant support worker vacancies. They were informed that they had just successfully recruited to fill some of these, were in the process of recruiting to fill the others. In the interim, they were providing continuity of care and support for the young people through regular relief staff covering the required shifts.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were in receipt of training and refresher training in line with the organisation's policies, the centre's statement of purpose, and young peoples' assessed needs.

Staff were also in receipt of regular formal supervision in line with the organisation's policy. From the sample reviewed, discussions were held in relation to staff roles and responsibilities, young peoples' care and support, training, and professional conduct. Areas where staff were performing well and areas for further development were discussed during supervision sessions.

Judgment: Compliant

Regulation 22: Insurance

The centre had appropriate insurance in place against risks in the centre, including injury to young people.

Judgment: Compliant

Regulation 23: Governance and management

The centre was well run and managed by a suitably qualified, skilled and experienced person in charge. The quality of care and experience of the young people was being monitored on an ongoing basis. There was a clearly defined management structure that identified lines of authority and accountability and staff who spoke with inspectors were aware of their roles and responsibilities.

The provider had systems in place to complete audits and reviews, and to ensure the actions from these reviews were followed up on and completed. They were completing annual and six-monthly reviews and the local management team were completing regular audits in key areas of service provision.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was in place and available in the centre. It was being regularly reviewed and updated in line with the timeframe identified in the regulations and found to contain the required information.

Judgment: Compliant

Regulation 31: Notification of incidents

A record of incidents occurring in the centre was maintained. The inspector found that while a log of all accidents and incidents were maintained in the centre, a small number were not notified to the Chief Inspector of Social Services in line with the three day time period identified in the regulations.

Judgment: Not compliant

Regulation 4: Written policies and procedures

The Schedule 5 policies and procedures were available in the centre and had been

reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant

Quality and safety

Overall, the premises was clean, accessible, comfortable and homely. Young people appeared relaxed and content in the house and apartments, and with the levels of support offered by staff. There were systems in place to ensure that each young person was safe in the centre. For example, each young person had an assessment of need, care plan and individual risk management plan, all of which were found to be detailed in nature and guiding staff practice.

The house, apartments, and garden were laid out to meet the number and needs of the young people living there. They were homely and tastefully decorated to meet the needs of the young people. There was plenty of storage space available and access to private and communal spaces. Young people had their own bedroom where they had space for their personal belongings. Overall, the centre was well maintained and plans were in place to make further improvements such as painting some areas after the inspection.

The provider's risk management policy contained the required information. They were identifying safety issues and putting risk assessments and appropriate control measures in place. Risk assessments considered each individuals needs and the need to promote their safety, while promoting their independence and autonomy.

Young people, staff and visitors were protected by the infection prevention and control procedures and practices in the centre. The centre was clean throughout and staff had completed infection prevention and control-related training. There was information available and on display for young people on how to keep themselves safe from infection.

Staff had completed training in fire prevention and emergency procedures. Fire drills were occurring regularly and informing the review and update of young people's personal emergency evacuation plans. There was suitable fire equipment in place and systems in place to ensure it was serviced and maintained.

Each young person had an assessment of need and personal plan in place. From the sample reviewed young peoples' needs and abilities were clear. Assessments and plans were being regularly reviewed and updated. Overall the inspector found that the provider was recognising that behaviour is a form of communication and that they were making every effort to understand and respond appropriately to young people. Those who required support had access to allied health professionals and medical professionals in line with their assessed needs. The provider and person in charge were promoting a positive approach in responding to behaviours and

ensuring that specialist and therapeutic interventions were implemented.

There were policies and procedures to safeguard residents in the centre. There was a child safeguarding statement and staff had completed safeguarding training. Allegations and suspicions of abuse were reported and followed up on in line with the provider's and national policies. Keyworkers were meeting with young people regularly to ensure they were reaching their goals, aware of the complaints and compliments procedure, and of how to keep themselves safe. Young people were being supported to make choices and to be involved in the running of the centre. They could also take part in weekly meetings, keyworker meetings, personal plan reviews, and customer feedback questionnaires.

Regulation 17: Premises

The design and layout of the premises was in line with the centre's statement of purpose. There was plenty of private and communal spaces available for young people. The house was found to be warm, comfortable, homely, spacious, and well maintained. Young people had access to a number of outdoor spaces, and there were age appropriate play and recreational facilities available.

Judgment: Compliant

Regulation 20: Information for residents

There was a residents' guide in place and available in the centre. It contained the information required by the regulations. This included a summary of the services and facilities provided to young people, the terms and conditions of residency, arrangements for involvement in the running of the centre, how to access inspection reports, the complaints procedures, and arrangements for visits.

Judgment: Compliant

Regulation 26: Risk management procedures

Young people, staff and visitors were protected by the risk management policies, procedures and practices in the centre. There were arrangements in place to ensure that risk control measures were relative to the risks identified.

Arrangements were also in place for identifying, recording, investigating and learning from incidents, and there were systems for responding to emergencies.

Judgment: Compliant

Regulation 27: Protection against infection

Overall, young people, staff and visitors were protected by the infection prevention and control policies, procedures, and practices in the centre. The physical environment was found to be very clean and there were systems in place to minimise the risk of the spread of infection. Staff were observed to adhere to standard precautions throughout the inspection.

There were risk assessments and contingency plans in place. There were stocks of personal protective equipment (PPE) available and systems in place for stock control. There were also appropriate systems in place for waste and laundry management.

Staff had completed infection prevention and control-related training and there was information available for young people and staff in relation to infection prevention and control and how to keep themselves safe.

Judgment: Compliant

Regulation 28: Fire precautions

There were fire containment measures in place in the centre including fire doors and self-closing mechanisms. There were systems to ensure fire equipment was serviced and maintained.

Young people had risk assessments and detailed personal emergency evacuation plans in place which were reviewed and updated following learning from fire drills. Fire drills were occurring regularly. A drill to demonstrate that each young person could evacuate the centre when the least number of staff are on duty was planned for just after the inspection.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Young people had an assessment that identified their health, personal and social care needs. These assessments were used to inform their plans of care which were being regularly reviewed and updated to ensure they were reflective of their needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

There were appropriate supports in place for young people who were at risk from their own behaviour. Staff had completed a number of training programmes to support young people to manage their behaviour. Support plans were developed and reviewed as required. Restrictive practices were documented and reviewed regularly to ensure that they were the least restrictive for the shortest duration.

Judgment: Compliant

Regulation 8: Protection

Overall, the findings of this inspection were that the registered provider was supporting young people to develop their knowledge, self-awareness and skills for self-care and protection.

Allegations and suspicions of abuse were being reported and followed up on in line with the organisation's and national policy. Safeguarding plans were developed and reviewed as required.

Judgment: Compliant

Regulation 9: Residents' rights

From speaking with young people and staff in the centre it was evident that they were being supported to make choices and to have control over their day-to-day lives. Young people were observed to choose what time to get up, what they wanted to eat, and what activities they wished to engage in during the inspection.

There was information available for young people in a format that suited their communication needs and preferences, to support them to make choices in relation to activities, meals, and snacks. Young people were meeting with their keyworkers regularly and were developing and taking steps towards meeting their goals.

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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Blossoms OSV-0008166

Inspection ID: MON-0035172

Date of inspection: 26/01/2023

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 31: Notification of incidents	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>To demonstrate that the Designated Centre is in line with Regulation 31(e)(f)(g), the PIC will ensure that the notification of incidents occurs within the identified timeframe as outlined within regulations. The notification of incidents will be reviewed weekly through the Governance reporting matrix by the PIC and Director of Operations.</p> <p>1) All monitoring notifications will be notified to the regulator through the HIQA portal in line with the appropriate 3 working day notification time period as identified within the regulations. (27/01/23)</p> <p>2) The PIC will discuss the HIQA ‘monitoring notifications handbook’ at the next team meeting in the Centre. (28/02/23)</p>	

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 31(1)(e)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any unexplained absence of a resident from the designated centre.	Not Compliant	Orange	27/01/2023
Regulation 31(1)(f)	The person in charge shall give the chief inspector notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation, suspected or confirmed, of abuse of any resident.	Not Compliant	Orange	28/02/2023
Regulation 31(1)(g)	The person in charge shall give the chief inspector	Not Compliant	Orange	28/02/2023

	notice in writing within 3 working days of the following adverse incidents occurring in the designated centre: any allegation of misconduct by the registered provider or by staff.			
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