



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

Issued by the Chief Inspector

Name of designated centre:	Broadleas
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	11 March 2020
Centre ID:	OSV-0001983
Fieldwork ID:	MON-0025743

About the designated centre

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

Broadleas provides residential short breaks (respite) to adults over the age of eighteen years with an intellectual disability. The centre is located in Co. Kildare and is a dormer bungalow located in a rural setting. There are four bedrooms for the use by residents and two bedrooms for the use of staff. There is also two sitting rooms and a kitchen for use by residents. There is ample external grounds for residents to access throughout the year. Broadleas can provide a short break to four adults at any one time. Residents are supported by a minimum of two staff at any one time during the day and night. Individuals staying in Broadleas for a short break may have a broad spectrum of support needs which range from requiring minimum support with daily activities/personal care to those requiring a high level of support with daily activities and personal/intimate care.

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 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 11 March 2020	10:40hrs to 17:40hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

On the day of inspection there were three adults residing in the centre for a respite break. One resident had left that morning due to an illness. The inspector met with the three residents when they arrived in from their day service in the afternoon. For the most part the residents communicated verbally with the inspector however, where appropriate staff supported communication between the inspector and the residents.

Through conversations with the residents the inspector was told that they enjoyed the short term breaks provided at the centre; One of the residents advised the inspector that they were happy with the choice of food provided, the room they stayed in and with the support they received from staff. A resident told the inspector that they were always made feel welcome when they came for a short break.

Residents were knowledgeable in who they could go to should they need to make a complaint, and said that they felt their complaint would be listened to.

One of the residents showed the inspector the fire evacuation route and told the inspector about a fire drill they had taken part in.

The inspector observed that there was an atmosphere of friendliness in the house and that staff were kind and respectful towards the residents through positive, mindful and caring interactions.

Capacity and capability

The inspector found that the provider had appropriate arrangements in place to assure itself that a safe and good quality service was being provided to respite residents. The service was lead by a capable person in charge, supported by the provider, who was knowledgeable about the support needs of the respite residents and this was demonstrated through good-quality, safe care and support. The registered provider had ensured that the designated centre was resourced to ensure the effective delivery of care and support to meet the needs of the residents availing of the respite service.

The inspector found that there were comprehensive auditing systems in place in the designated centre to evaluate and improve the provision of service and to achieve better outcomes for the residents. The 2019 annual report had been completed and respite residents had been consulted as part of the review. Six monthly reviews were being completed as per regulatory requirements. Furthermore, quality audits

were taking place and ensured that service delivery was safe and that a good quality service was provided to the respite residents. There were clear lines of accountability at individual, team and organisational level so that all staff working in the centre were aware of their responsibilities and who they were accountable to.

Staff informed the inspector that they felt supported by the person in charge and that they could approach them at any time in relation to concerns or matters that arose. The inspector found that the person in charge had a clear understanding and vision of the service to be provided and, supported by the provider, fostered a culture that promoted the individual and collective rights of the residents coming to this centre for a respite break.

On review of the staff roster the inspector found that staffing arrangements included enough staff to meet the needs of the residents and were in line with the statement of purpose. There was evidence of continuity of care; the inspector was advised that the majority of the staff had been employed in the centre for a least two years. Furthermore, where relief staff was required the same relief staff were employed and were familiar with the respite residents' needs. Staff who spoke with the inspector demonstrated a good understanding of residents' needs and were knowledgeable of the procedures which related to the general welfare and protection of residents.

The inspector saw that overall, staff training was up-to-date and where refresher training was required, dates had been arranged within the month. One to one performance management meetings, to support staff perform their duties to the best of their ability, took place four times throughout the year. Staff who spoke with the inspector advised that they found these meetings to be open and transparent and beneficial to their practice.

There were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. The inspector found that incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence.

It was evident that the centre strived for excellence through shared learning and reflective practices. The inspector saw that where another centre (run by the same provider) had implemented improvements after an inspection, that these had been implemented in this centre also.

The registered provider had a complaints procedure in place that was easily accessible to residents. There was an easy-to-read document on how to make a complaint on the centres notice board. One of the residents who spoke with the inspector relayed that they were aware of who they could make a complaint to. There was also information regarding the national advocacy service available to the respite residents.

Regulation 15: Staffing

At the time of the inspection the staffing arrangements included enough staff to meet the needs of the residents and were in line with the statement of purpose. There was continuity of staffing so that attachments were not disrupted and support and maintenance of relationships were promoted.

Judgment: Compliant

Regulation 16: Training and staff development

The education and training provided to staff enabled them to provide care that reflected up-to-date, evidence-based practice. The training needs of staff were regularly monitored and addressed to ensure the delivery of high quality, safe and effective respite services for the residents.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had established and maintained a directory of residents in the designated centre. Overall, the directory included elements of the information specified in paragraph three of Schedule 3 of the regulations however, on review of a sample of residents' information, the inspector found that improvements were required to ensure that general practitioner (GP) and referral information was included at all times.

Judgment: Substantially compliant

Regulation 23: Governance and management

Overall, the governance systems in place ensured that service delivery was safe and effective through the on-going audit and monitoring of its performance resulting in a comprehensive quality assurance system. The person in charge carried out their duties in a timely manner ensuring the smooth and effective delivery of the respite service.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all required information, as per Schedule 1. Overall, it accurately described the service provided in the designated centre and was reviewed at regular intervals.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector found that there was effective information governance arrangements in place to ensure that the designated centre complied with notification requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The person in charge ensured that the complaints' procedures and protocols were evident and appropriately displayed and available to residents and their families. Overall, the registered provider had established and implemented effective systems to address and resolve issues raised by residents or their representatives. Systems were in place, including an advocacy service, to ensure residents had access to information which would support and encourage them express any concerns they may have.

Judgment: Compliant

Quality and safety

The inspector found that residents well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the centre. The centre was well run and provided a pleasant environment for the residents during their respite break. The person in charge and staff were aware of residents' needs and knowledgeable in the care practices to meet those needs. Care and support provided to residents was of good quality.

The residents had individualised holistic assessment and care plans which were part

of everyday life with all staff involved and resulted in a person centred service for the residents during their respite stay.

The plans reflected the residents' continued assessed needs and outlined the support required to maximise their personal development in accordance with their wishes, individual needs and choices. A pre-respite visit checklist was completed each time a resident stayed in the centre and from this each resident's personal plan was updated when required.

The inspector found that the residents' personal plans demonstrated that the residents were facilitated to exercise choice across a range of daily activities and to have their choices and decisions respected. Residents were supported to continue with their daily routine, such as attend their day service, while on respite break. There was an activity template in place with a range of activities the residents could choose from on a daily basis. On review of the choices of activities offered, the inspector saw that residents took part in a variety of activities during their stay including, cooking, arts and crafts, pampering sessions and in-house sensory activities.

Residents were also supported to engage in the community during their respite stay. Residents enjoyed going to the local cinema, out for lunch and dinner, going shopping, and visiting the immediate and surrounding towns. Residents also like to spend time relaxing in the house listening to music, watching their favourite television programmes or spending time on their electronic devices.

Residents were encouraged to eat a varied diet and were communicated to about their meals and their food preferences; Each day the respite residents sat with staff and made choices of what they would like to eat for their meals. Food was appetising and served in an appropriate way to ensure that residents enjoyed their food. The inspector observed meal times to be a positive and social event in the centre. The inspector found there to be adequate amounts of wholesome and nutritious food and drink available to the residents during their respite stay. Overall, food was stored in hygienic conditions however, some improvements were warranted to ensure opening dates of food in the fridge were labelled at all times.

The inspector saw that residents were supported to choose meaningful household activities that encouraged their independence and personal development. On the day of inspection, the inspector observed one of the residents being supported to carry out their own laundry.

Staff facilitated a supportive environment which enabled the residents to feel safe and protected from abuse. The inspector found that staff treated residents with respect and that personal care practices regarded residents' privacy and dignity. The culture in the house espoused one of openness and transparency where residents could raise and discuss any issues without prejudice. Overall, the inspector found that the residents were protected by practices that promoted their safety.

Systems were in place to ensure that where behavioural support practices were being used that they were clearly documented and reviewed by the appropriate professionals on a regular basis and more often, if required. The inspector saw there

where restrictive procedures were being used, they were based on centre and national policies and staff took the least restrictive approach. Where applied, the restrictive practices were clearly documented and were subject to review by the appropriate professionals involved in the assessment and interventions with the individual.

The inspector found that the fire fighting equipment and fire alarm system were appropriately serviced and checked. All staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes, and arrangements were in place for ensuring residents were aware of the evacuation procedure to follow. One of the residents showed the inspector the evacuation route and where the meeting point was.

On the day of inspection the inspector saw that to support the needs of residents, fire doors were opened during the day however, the doors were not equipped with an approved mechanism (applied directly to the doors and connected to the fire detection and alarm system).

The inspector found the physical environment of the house to be clean. On the day of the inspection, the inspector observed that the person in charge had been proactive in their preparedness for meeting the COVID-19 situation and had put in place extra infection control measures in the centre including bottles of hand sanitizer gel and easy-to-read notices regarding shaking hands, washing hands and staying healthy. On speaking with the residents it was clear that they had been informed of the extra hygiene processes in place. This had been done in an appropriate and mindful manner which did not appear to cause any undue stress or anxiety about the situation for the residents.

The design and layout of the premises ensured that each resident could enjoy their respite visit in an accessible and comfortable environment. This enabled the promotion of independence, recreation and leisure and enabled a good quality of life for the residents throughout their stay. The inspector found that some improvements were required to the decorative and structural repair on the centre. There was an audit system in place to ensure the upkeep and maintenance of the centre however, not all repairs had been included on the most recent audit.

Regulation 17: Premises

The house was clean however, on the day of inspection there were a number of decorative and structural repairs required;

A number of doors and walls throughout the house required paintwork.

An en-suite bathroom door had a hole in it.

There were raw plug holes on the walls in a number of bedrooms.

There was a crack in the ceiling from wall to wall in one of the bedrooms.

There was rising damp in the main bathroom including rust on a number of bathroom tiles.

Two wardrobes were in disrepair.

One of the residents' sitting rooms contained office equipment such as office desk, printer, files, staff training roster and a computer which took away from the homeliness of the room.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Overall, food was stored in hygienic conditions however, the inspector found that a number of open food packets and cartons in the fridge did not include the date on which they had been opened.

Judgment: Substantially compliant

Regulation 28: Fire precautions

All staff had received suitable training in fire prevention and emergency procedures, building layout and escape routes, and arrangements were in place for ensuring residents were aware of the procedure to follow.

To support the needs of the residents, fire doors were opened during the day however, the doors were not equipped with an approved mechanism (applied directly to the doors and connected to the fire detection and alarm system). On the day of inspection the inspector found three fire doors wedged open with door stops.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Each respite resident had a personal plan that detailed their needs and outlined the supports required to maximise their personal development and quality of life in accordance to their wishes.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider and person in charge promoted a positive approach in responding to behaviours that challenge and ensured evidence-based specialist and therapeutic interventions were implemented.

Judgment: Compliant

Regulation 8: Protection

Staff facilitated a supportive environment which enabled the residents to feel safe and protected from abuse. The inspector found that staff treated residents with respect and that personal care practices regarded residents' privacy and dignity.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially 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 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Broadleas OSV-0001983

Inspection ID: MON-0025743

Date of inspection: 11/03/2020

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 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>The Registered Provider will now review the Directory of Residents to ensure it includes all details as set out in paragraph three of Schedule 3 of the regulations. This will be completed by 30/10/20</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Registered Provider will carry out decorative repairs to the Designated Centre by 30/10/2020 Note: this extended time period is due to the Covid 19 crisis.</p> <p>The Person in Charge will reorganise the second sitting room so that it is more homely for residents. This will be completed by 30/9/2020</p>	
Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>The Person in Charge has reviewed the process for managing refrigerated foodstuffs to</p>	

ensure that the date opened is written on food packets and cartons. This was completed and communicated to all staff by 12/3/2020

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
The Registered Provider will seek approval from the HSE for funding to install magnetic door holders in the Designated Centre, as required by the 2020 Service Agreement which states "... where HIQA Action Plans require additional funding to be sourced through the HSE, the HSE cannot commit to providing any additional funding unless there is a discussion and agreement with the Chief Officer of the relevant CHO area in advance of submission to HIQA." This will be completed by 30/4/2020

Pending approval from the HSE as stated above, the Registered Provider will install magnetic door holders on the fire doors by 30/9/2020

Note: this extended time period is due to the Covid 19 crisis.

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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/10/2020
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2020
Regulation 18(1)(b)	The person in charge shall, so far as reasonable and practicable, ensure that there is adequate provision for residents to store food in hygienic conditions.	Substantially Compliant	Yellow	12/03/2020
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	30/10/2020

Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	30/09/2020
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