



# 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:	Announced
Date of inspection:	28 July 2021
Centre ID:	OSV-0001983
Fieldwork ID:	MON-0025740

## About the designated centre

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

Broadleas is registered to provide residential support for 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 are also two sitting rooms and a kitchen for use by residents. There is ample external grounds for residents to access throughout the year. Residents are supported by direct support staff at any time during the day and night. Individuals staying in Broadleas 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 care.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	0
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## How we inspect

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 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 28 July 2021	10:45 am to 1:20 pm	Gearoid Harrahill	Lead

## What residents told us and what inspectors observed

In the days before this inspection, the residents who were being supported in this designated centre had completed a transition to a newly registered service. To support this transition, all active staff members also relocated to this new house. As a result of this transition, no residents were living in this designated centre at the time of the inspection.

The provider was using the opportunity of the house being vacant to make upgrades to the premises prior to service users being accommodated again. This included providing new furniture, replacing flooring, painting inside and outside, changing the purpose of rooms, and making the premises safe and homely for service users when accommodation recommenced.

## Capacity and capability

The purpose of this announced inspection was primarily to gather evidence contributing to the recommendation to the chief inspector on the renewal of the centre's registration. The inspector was advised on arrival that the residents living in the centre full-time had permanently moved to a new designated centre several days prior, and that a revised application of registration renewal would be submitted to revert the designated centre to its usual purpose as one which provided respite and short-stay services for up to four residents.

The provider was in the process of determining the resources required for the service and advised the inspector that the staffing complement would consist of a mix of newly recruited staff and personnel returning from assisting the recent transition. The inspector was provided assurance that this new complement of staff would be recruited, vetted, trained and inducted prior to accommodating service users.

The provider retained oversight of the operation of this designated centre and carried out an annual review for 2020 to ensure that a safe and effective support was provided, and where areas of improvement or development were required, time bound actions plans were set out to develop and improve the service going forward.

## Registration Regulation 5: Application for registration or renewal of registration

The provider had submitted the application to renew the registration of the

designated centre within the required timeframe.
Judgment: Compliant
<b>Regulation 14: Persons in charge</b>
The person in charge worked full time in their role and was suitably qualified and experienced.
Judgment: Compliant
<b>Regulation 22: Insurance</b>
The provider had the required insurance policies in effect.
Judgment: Compliant
<b>Regulation 23: Governance and management</b>
The provider was in the process of ensuring that resources were sufficient for when the service reopened to residents. They were upgrading the premises and determining the most appropriate complement of staff to provide safe and supportive accommodation in the designated centre.
Judgment: Compliant
<b>Regulation 3: Statement of purpose</b>
The statement of purpose required review to ensure it contained all information required under Schedule 1 of the regulations.
Judgment: Substantially compliant
<b>Quality and safety</b>

While the premises was vacant, the provider was in the process of redecorating and refurnishing the house to enhance the comfortable homely nature of the living space. The provider was replacing all furniture, repainting rooms, carrying out internal and external maintenance work, and changing the purpose of some areas of the house, to separate staff and resident spaces and provide additional bathroom facilities.

Not all areas of the house were suitably equipped to contain the spread of flame and smoke in the event of a fire. While the living rooms and kitchen were equipped with self-closing, fire-rated doors, other areas of the house including resident bedrooms were not. Assurance was also required that other areas such as the attic space provided sufficient containment, and that the fire safety risk review had been carried out following changes to the shape of the building which affected evacuation routes. The inspector could not be provided information on the day of inspection of a timeline for these objectives to be completed.

### Regulation 17: Premises

The premises was undergoing redecoration to be clean and new before residents would be accommodated.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider was following suitable procedures to mitigate risks associated with infection prevention and control.

Judgment: Compliant

### Regulation 28: Fire precautions

The premises was not sufficiently equipped to provide effective fire containment. Risk review of fire safety procedures following some structural changes to the building was not evident.

Judgment: Not 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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant



# Compliance Plan for Broadleas OSV-0001983

Inspection ID: MON-0025740

Date of inspection: 28/07/2021

## 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 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:                      The statement of purpose was updated and agreed by relevant parties on the 19th August 2021.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:                      Fire doors with automated closures will be fitted to additional identified doors prior to the end of December 2021.</p> <p>The attic space will be reviewed by fire consultant and relevant actions if required implemented by the end of December 2021.</p> <p>Risk assessments will be updated by the end of August 2021.</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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/12/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	19/08/2021