



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

Issued by the Chief Inspector

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| Name of designated centre: | Bridge View |
| Name of provider: | Nua Healthcare Services Limited |
| Address of centre: | Kilkenny |
| Type of inspection: | Unannounced |
| Date of inspection: | 27 August 2021 |
| Centre ID: | OSV-0005848 |
| Fieldwork ID: | MON-0033061 |

About the designated centre

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

Bridge View is a designated centre that provides 24-hour care to children, both male and female aged between 12 to 17 years of age with a wide range of support needs including autism, intellectual disability and challenging behaviours. The property is a detached two-story building located in a rural area of Co.Kilkenny. The centre is located close to Waterford City, where a number of local amenities are located including shops, clubs, coffee shops, restaurants and beaches. The buildings ground floor comprises of a kitchen, dining room, living room, utility room, entrance hall, bathroom and staff room. On the first floor there are four en-suite bedrooms, and a landing. There is also a larger recreation room adjacent to the house. The property is surrounded by gardens to the front and rear of the building. The centre is staffed by 17.5 full time staff and 4 relief staff and there is also a person in charge working in the house on a weekly basis. Should additional staff be required, the provider will respond to residents dependencies which may increase or decrease accordingly. Staff also support residents with specific dietary and healthcare needs like epilepsy, diabetes, and asthma. The Bridge View Team uses a social model of care. Nua Healthcare also provides the services of a Multidisciplinary Team. These services include; Psychiatrist, psychologist, Occupational Therapist, Speech and language Therapist and nurses.

The following information outlines some additional data on this centre.

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| Number of residents on the date of inspection: | 2 |
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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 |
|-----------------------|----------------------|----------------|------|
| Friday 27 August 2021 | 10:00hrs to 17:00hrs | Sinead Whitely | Lead |

What residents told us and what inspectors observed

There were two residents living in the centre on the day of inspection and two vacancies. Bridgeview is a designated centre for children and the inspector had the opportunity to engage with both children living there for short periods of time, as per their own preference. Both children were busy going about their normal daily routines and appeared happy and at ease. Both children were getting ready to return to school shortly and were being supported by staff to prepare for this. The inspection took place during the COVID-19 pandemic and therefore precautions were taken throughout the day including temperature checking, social distancing and wearing personal protective equipment.

The designated centre is a two storey building located in a rural area in Co. Kilkenny. The inspector started the inspection day with a walk around the premises. Both residents had their own bedrooms with en-suite bathrooms. The residents bedrooms were decorated as per their preferences and there was appropriate space and storage for the residents personal belongings. The inspector observed a large garden area with a trampoline, swings and toys including a swing ball set. The house also had communal kitchen, living and dining areas. The residents artwork and pictures was noted on display around the centre. The inspector observed the residents had a sea view from the second floor of the building. In general, the centre appeared homely and personalised on the day of inspection.

Both children appeared to be supported to engage in individualised daily activities during the summer months when they were not attending education. Residents regularly went to walks on local beaches and out to lunch. A reward system was in place for one child and this appeared to be working effectively for them. Both residents had access to service vehicles to attend their preferred activities and education.

Residents appeared to be regularly consulted regarding their views on the service provided. There was a service user forum held regularly and issues including menu choices, concerns, social events and safeguarding were discussed. The service complaints procedure was observed prominently displayed in the centres hallway, along with pictures of the services management team.

The children were supported by a staff team which comprised of social care workers and support workers. Multi-disciplinary support was also available within the organisation when required. Staffing levels in place appeared appropriate to meet the needs of the residents. Staff spoken with appeared knowledgeable regarding the residents needs and preferences and positive interactions were observed throughout the inspection day.

In summary, based on what residents communicated with the inspector and what was observed, the inspector found that residents received a good quality of care in their home. The next two sections of the report present the findings of this

inspection in relation to the the overall management of the centre and how the arrangements in place impacted on the quality and safety of the service being delivered. Two areas were noted as requiring minor improvements. This was noted under regulations 27 and 29, as detailed below.

Capacity and capability

Overall, the inspector noted positive inspection findings and high levels of compliance with the regulations reviewed. Both children appeared happy and well supported in the centre and appeared to enjoy a person centred service. The inspector found that the registered provider therefore demonstrated capacity and capability to provide an effective service to the residents. There were management systems in place to ensure good quality care and support was being delivered to the residents. There were systems in place to effectively monitor the quality and safety of the care and support. On the day of inspection, there were sufficient numbers of staff to support the residents' assessed needs.

There was a defined management structure in place. The centre was managed by a full-time, suitably qualified and experienced person in charge who shared their role with one other designated centre. The person in charge demonstrated a good knowledge of the residents and their support needs. This person was also supported by a team leader and two deputy team leaders and there was evidence of a regular management presence in the centre.

There were systems in place for the training and development of the staff team. The inspector reviewed a sample of staff training records and found that all of the staff team had up-to-date training, skills and knowledge to support the needs of the residents. In addition, the inspectors found that all staff received formal supervision in line it the provider's policy.

Regulation 15: Staffing

The person in charge maintained a planned and actual roster and there was sufficient staffing levels and skill-mix to meet the residents' assessed needs. There was an established staff team who appeared to know the residents and their needs well, this promoted continuity of care and support to residents. There was a panel of relief staff available within the organisation, however this was rarely used by the centre .

Staff meetings were held monthly and the inspector reviewed a sample of meeting notes from these. Issues including risk, accidents and incidents, safeguarding, complaints and key working allocations were regularly discussed at these. The centre used a daily handover system to communicate important information such as

residents appointments, cleaning duties, and activities for the day.

Judgment: Compliant

Regulation 16: Training and staff development

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

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

Judgment: Compliant

Regulation 23: Governance and management

There was a clear and effective management systems in place in the designated centre. There was a full time person in charge who shared their role between two designated centre and divided their time evenly between the two centres. There was also a full time team leader and two deputy team leaders. There was a daily management presence in the centre. The centre was supported by a regional director of operations who attended the centre regularly.

There was evidence that the service provided was regularly audited and reviewed. A weekly report was completed by the person in charge or team leader which reviewed any adverse incidents during the previous week and trended this information with previous weeks. This included a review of accidents, incidents and complaints. This was reviewed weekly at a senior management level. Unannounced inspections were also completed regularly by a person nominated by the provider and an annual review was developed of the quality and safety of care and support provided. Action plans were developed when areas were identified as requiring improvements. Reviews included consultation with residents and their families or representatives.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the children were enjoying a safe service. Management systems in place ensured the service was effectively monitored and provided appropriate care and support to the residents.

All residents had a comprehensive assessment of need and personal plan in place which were subject to regular review. There were positive behaviour supports in place to support residents manage their behaviour. Behaviour management guidelines were in place as required

There were systems in place for safeguarding residents. Safeguarding records demonstrated that incidents were reviewed and appropriately responded to. Residents were observed to appear comfortable and content in their home. All staff had up-to-date training in safeguarding vulnerable persons and childrens first. There was an organisational dsignated officer in place to screen any alleged or confirmed safeguarding incidents.

The provider had ensured that systems were in place for the prevention and management of risks associated with COVID-19. There was evidence of ongoing reviews of the risks associated with COVID-19, with contingency plans in place for staffing. Effective fire management systems were observed to be in place with regular checking and servicing of fire fighting equipment occurring.

Two areas required review to ensure that the systems were always safe - this included cleaning of food storage facilities and the checking and appropriate labelling of medication that was opened.

Regulation 17: Premises

The premises was designed and laid out to meet the assessed needs of the residents. All residents had their own bedrooms and en-suite and these had been personalised to suit the residents own preferences. The provider had ensured the provision of all matters set out in Schedule 6 including recreational space, storage and dining facilities. An outdoor play area was also made available to the children.

Judgment: Compliant

Regulation 26: Risk management procedures

There were systems in place for the assessment, management and ongoing review

of risks in the designated centre. Risks were managed and reviewed through a centre specific risk register. The risk register outlined the controls in place to mitigate the risks identified including the risk of self harm, absconsion, falls, COVID-19 and restrictive practices. The risk register was reviewed at a minimum of three monthly by the person in charge and team leader.

Residents all had individualised risk assessments in place and these detailed rationale for the use of the restrictive practices in the centre. Reviews and reduction plans were in place for these.

Both residents had access to service vehicle and these were subject to weekly staff checks. There were business contingency plans in place for in the event of various adverse incidents including loss of staff, loss of utilities, loss of resources, failure in IT systems and adverse weather conditions.

Judgment: Compliant

Regulation 27: Protection against infection

Infection prevention and control measures were in place in the designated centre. Staff had completed training in infection control and the donning and doffing of PPE and staff were observed wearing face masks throughout the inspection, in line with national policy for residential care facilities.

Staff had access to up-to-date guidance for infection prevention and control and signage was noted around the centre outlining infection control measures that should be adhered to. Residents and staff had access to appropriate hand washing facilities and alcohol hand gels. There was a service risk assessment and contingency plan in place which considered measures to take in the event of a suspected or confirmed case of COVID-19 in the designated centre.

The inspector reviewed a sample of the centres cleaning schedules. These were comprehensive and included a list of tasks that covered the cleaning and deep cleaning of all areas in the centre. However, the inspector noted during a walk around the centres kitchen that one press was untidy, had a malodour and contained mouldy food. This was despite staff signing that they had cleaned the press in cleaning records.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had ensured that appropriate systems were in place for fire safety in the designated centre. The centre had suitable fire safety equipment in

place which were serviced as required. There was evidence of regular fire evacuation drills taking place with staff and residents and these demonstrated that the centre could be evacuated in an efficient manner in the event of a fire.

Residents both had personal emergency evacuation plans which detailed levels of support required to evacuate in the event of a fire. Staff were completing key working sessions with residents where fire safety systems were discussed. All staff had completed up-to-date fire safety training.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

In general, the inspector found safe systems were in place for the management of medicines in the designated centre. There was a safe and secure storage facility in place and there were clear records of residents medication administrations maintained. Residents medications had all been reviewed and signed by their general practitioner (GP). All staff had received training in the safe administration of medication.

Some minor areas for improvements were observed to ensure that systems were always safe and that medication administered was always in date. Following a review of all medications in the storage facility, it was not clear when some liquid medicines had been opened. Some topical creams were observed, which had been opened for an extended period of time - since 2019. Protocols were place for medication administered as required (PRN).

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Both children had comprehensive assessments of need and personal plans in place which were regularly reviewed. Residents needs assessments included a comprehensive review of their care history, health, educational needs, safeguarding risks, general risks, behaviours of concern and abilities regarding activities of daily living.

Each resident had individual monthly outcomes set which were a daily staff focus. Daily planners were developed to support residents to achieve their desired outcomes. Regular key working sessions were completed with residents. The inspector reviewed a sample of residents daily notes and found clear records of staff adhering to supporting residents in line with behavioural support plans, individual risk management plans and daily planners.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents' were supported to manage their behaviours. Residents had behavioural support plans in place which were developed and reviewed by behavioral specialists. The inspector observed evidence of therapeutic techniques used with residents including rewards systems and use of specific language. Behavioural support plans detailed behavioural precursors and triggers and also set out proactive and reactive strategies to support the resident.

The use of restrictive practices was well recorded with clear rationale and risks identified for the use of them. Risk which warranted the use of restrictive practices were reviewed monthly and reduction plans were in place. The use of restrictive practices in the centre had been notified to the chief inspector on a quarterly basis as required. Reduction of restrictive practices was sometimes part of residents monthly outcomes and goals.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to safeguard residents. The children had intimate care plans in place which were subject to regular review and guided staff when they were supporting them with personal care. All staff had completed training in safeguarding and childrens first. Regular key working sessions were completed with the residents where safeguarding was regularly discussed. Assessments of residents capacity to manage their own finances had also been completed. Both children in the centre appeared to be compatible to share their living environment.

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 23: Governance and management | Compliant |
| Quality and safety | |
| Regulation 17: Premises | Compliant |
| Regulation 26: Risk management procedures | Compliant |
| Regulation 27: Protection against infection | Substantially compliant |
| Regulation 28: Fire precautions | Compliant |
| Regulation 29: Medicines and pharmaceutical services | Substantially compliant |
| Regulation 5: Individual assessment and personal plan | Compliant |
| Regulation 7: Positive behavioural support | Compliant |
| Regulation 8: Protection | Compliant |

Compliance Plan for Bridge View OSV-0005848

Inspection ID: MON-0033061

Date of inspection: 27/08/2021

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 27: Protection against infection | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 27: Protection against infection: The PIC will ensure all food presses are checked daily on walkaround of the center to ensure all food that is stored on the premises is safe to consume. | |
| Regulation 29: Medicines and pharmaceutical services | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services: The PIC will ensure using a weekly medication audit tool that all medicines are in date and are disposed in line with policy. | |

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 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. | Substantially Compliant | Yellow | 06/10/2021 |
| Regulation 29(4)(c) | The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration | Substantially Compliant | Yellow | 06/10/2021 |

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| | <p>of medicines to ensure that out of date or returned medicines are stored in a secure manner that is segregated from other medicinal products, and are disposed of and not further used as medicinal products in accordance with any relevant national legislation or guidance.</p> | | | |
|--|---|--|--|--|