



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

## Issued by the Chief Inspector

Name of designated centre:	Mulberry Lodge
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Offaly
Type of inspection:	Announced
Date of inspection:	05 April 2022
Centre ID:	OSV-0007413
Fieldwork ID:	MON-0027855

## About the designated centre

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

Mulberry Lodge is a designated centre run by Nua Healthcare Services Ltd. The centre can provide residential care for up to three male and female residents, who are over the age of 18 years and who have an intellectual disability. The centre can also cater for residents who require high behavioural support. The centre comprises of one building, which contains a main building and three separate apartments. Each apartment provides residents with their own bedroom, en-suite, kitchenette and living space and opens out onto an enclosed garden space. The main building, comprises of a kitchen, staff office, staff bathroom, sunroom and hallway. In addition to the enclosed garden spaces available to residents, there is also a large garden space to the rear of the main building, which is accessible to residents, if they wish. Adjacent to the main building, is a separate building comprising of laundry facilities and staff area. Staff are on duty both day and night to support the residents who live here.

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

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 5 April 2022	09:40hrs to 15:15hrs	Anne Marie Byrne	Lead

## What residents told us and what inspectors observed

This was an announced inspection to assess the provider's compliance with the regulations. The inspector had the opportunity to meet with one resident, three staff members and with the person in charge and director of operations, who facilitated the inspection.

Upon the inspector's arrival to the centre, she was greeted by the director of operations and person in charge. Each resident was in their own apartment, with two getting ready to head out with staff for the morning. In the company of their supporting staff, the inspector briefly met with one of these residents, but due to their communication and high behavioural support needs, they didn't engage directly with the inspector. The person in charge explained to the inspector that the third resident was asleep and likely to sleep on for the day as they preferred to engage in their usual routines and activities at night. There was a very casual and relaxed atmosphere in the centre, with staff coming and going from the communal kitchen to prepare light snacks to bring to residents in the comfort of their own apartment. Some staff were required to base themselves in the main building in between supervising one of the residents. These staff members met with the inspector and spoke of how this type of supervision worked well with regards to promoting positive behaviour support for this particular resident.

The centre comprised of one premises, located a few kilometres from a village in Co. Offaly. Within this premises was the main building and three separate apartments, occupied by each resident. Each apartment provided residents with their own bedroom, en-suite, kitchenette and living space. The apartments were visited by the inspector and each were found to be designed and laid out in accordance with residents' preferences and behaviour support needs. For instance, one resident preferred minimal furnishing and their apartment was designed in such a manner. In response to previous behavioural related incidents, a protective wall was installed within this resident's apartment to ensure their safety was maintained, should similar incidents re-occur. The person in charge told the inspector of one resident's interest in public roles of authority and this was very much evident in this resident's apartment, with multiple photos of such displayed on walls and various items of relating to their interest in this area, proudly displayed on window sills. Each apartment had its own enclosed garden area, which residents could access as they wished. A larger garden area, surrounding the centre, was also available to residents to use with staff support. The main building, which was also accessible to residents with appropriate staff support, comprised of a staff office, hallway, sun room, and kitchen area. While each apartment had its own access and entry point, two of the apartments had direct access to the main building, should it be required. These residents required high behavioural support and the design and layout of this centre was integral to providing them with a good quality of life, as each had their own living space independent of their peers, which had a very positive impact on ensuring a low risk of peer-to-peer related incidents in this centre. Overall, the centre was found to be clean, spacious, well-maintained and provided residents with

a very comfortable living environment.

The centre was adequately resourced to meet the assessed need of these residents with regards to transport and staffing. Each resident required a high level of staff support and residents had access to ratio of staff that they were assessed as requiring, both day and night. Each resident also had their own transport, which meant that they had multiple opportunities to leave the centre with staff to engage in activities of their choice. The quality of life experienced by these residents was very much attributed to the continuity of care, with many staff having supported these residents for a number of years. Furthermore, the scheduling of activities was very much resident-led and due consideration was given to the additional measures that were to be adhered to, to enable residents to safely access the community. This meant that these residents could regularly go to local cafes and all other public amenities within the surrounding area. Staff were also cognisant of the individual preferences of residents with regards to their social care. For example, one resident, who preferred to access the community at night, was appropriately supported to do so. Staff supporting this resident on the day of inspection, spoke with the inspector about this and explained how they managed their duties around the preference of this resident to accommodate his wishes.

Some residents had significant communication needs, with some having limited verbal skills and were also challenged due to language barrier. For instance, one resident, who originated from another country, had very limited verbal skills and use of the English language. Both staff and the person in charge spoke at length with the inspector about how they communicated effectively with this resident through the use of a translator, some staff were fluent in this residents' native language and as all staff knew this resident very well, they were familiar with, and able to interpret the vocalisations made by this resident. While visiting this resident's apartment, the inspector observed all information displayed to be translated in the resident's native language and the use of visual boards was also used to let this resident know what activities were planned for the day. Staff who met with the inspector said that these arrangements were working well, which enable both the resident and staff to communicate effectively with one another.

Safeguarding arrangements were regularly discussed with all staff and in response to previous safeguarding incidents which had occurred, staff were continuing to implement recommended safeguarding measures, which resulted in no similar incident re-occurring. It's important to note, that there were no active safeguarding concerns in this centre at the time of this inspection.

Since the introduction of public health safety guidelines, the provider put a number of measures in place to protect the safety and welfare of all staff and residents. This had a positive impact on the service, as to date, as no resident was suspected or confirmed of contracting Covid-19.

The findings of this inspection will be outlined in the next two sections of this report.

## Capacity and capability

This was a well-managed and well-run centre that ensured residents received a safe and good quality of service. The provider was found to be in compliance with most of the regulations inspected against as part of this inspection, with some minor improvement required to aspects of behaviour support and restrictive practices.

The person in charge held the overall responsibility for this service and was supported in her role by her staff team, two deputy team leaders and line manager. She was based full time at the centre, which had a positive impact on her interaction and engagement with staff and with the residents who lived there. She had very strong knowledge of the residents' needs and of the operational needs of the service delivered to them. This was the only designated centre run by this provider in which she was responsible for, and current governance and management arrangements supported her to have the capacity to effectively manage the service.

In response to the high support needs of the residents who lived in this centre, the provider had completed an assessment of need, which identified the specific number of staff that each resident was required to be supported by, both day and night. Where residents were assessed as requiring a two-to-one and one-to-one staffing arrangement, adequate resources were in place to provide residents with this level of staff support. Furthermore, some residents responded well when supported by male staff members and the person in charge was considerate of this when rostering for the service. Continuity of care was very much promoted, with many of the staff working in this centre having supported these residents for a number of years. Given the high support needs of these residents, this had a very positive impact for them as it meant they were always supported by staff who knew them and their assessed needs very well. Suitable arrangements were also in place, should this centre require additional staffing resources, with familiar relief staff available to support residents, as and when required. Effective staff training arrangements were in place, which ensured that all staff had access to the training that they required appropriate to their role held within the centre. All staff were also subject to regular supervision from their line manager.

There were many internal communication systems which supported all staff to consistently be informed of any changes occurring within the organisation. For instance, the person in charge held regular meetings with her staff team, which provided them with an opportunity to raise any concerns they had regarding the care and support needs of residents, directly with her. Along with attending various management team meetings, the person in charge also maintained regular contact with her line manager to review operational related matters. The oversight of this centre was also supported by governance reports, which were prepared by the person in charge on a weekly basis for senior management to review, which included information such as, any incidents occurring at the centre, budgetary and staffing related matters. Where senior management advised further action to be taken, this was quickly communicated to the person in charge to address. The quality and safety of care was monitored on a regular basis, with the most recent six

monthly provider-led audit completed in the weeks prior to this inspection. Where improvements were identified as a result of this visit, an time bound action plan was put in place to address these.

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

Prior to this inspection, the provider had satisfactorily submitted an application to renew the registration for this centre.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge held a full-time role and regularly met with her staff team and with the residents. She had good knowledge of residents' needs and of the operational needs of the service delivered to them. This was the only designated centre in which she was responsible for and current arrangements gave her the capacity to ensure the service was effectively managed.

Judgment: Compliant

### Regulation 15: Staffing

This centre's staffing arrangement was subject to regular review, ensuring a suitable number and skill-mix of staff were at all times on duty to meet the assessed needs of residents.

Judgment: Compliant

### Regulation 16: Training and staff development

Effective training arrangements were in place, ensuring all staff had access to the training they required appropriate to their role. All staff were also subject to regular supervision from their line manager.

Judgment: Compliant



## Regulation 23: Governance and management

The provider had ensured suitable persons were appointed to manage and oversee the running of this centre. The centre was adequately resourced and effective monitoring systems were in place to ensure the quality and safety of care delivered to residents was regularly reviewed.

Judgment: Compliant

## Regulation 3: Statement of purpose

There was a statement of purpose in the centre, which included all information as required by Schedule 1 of the regulations.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that this was a centre that provided a very individualised service to the residents who lived there.

A key-worker system was in operation, which ensured residents' needs were re-assessed for, as and when required, and that clear personal plans were in place to guide staff on their role in supporting residents with various aspects of their care. Where residents had assessed health care needs, the provider ensured that these residents received the care and support that they required. For example, for one resident who had assessed neurological care needs, protocols were in place to guide staff on what to do, should this resident require emergency medicine. Although there were no nursing staff rostered within this centre, the provider had suitable arrangements in place to provide nursing support to staff in the on-going review of residents' assessed health care needs, as and when required. In addition to this, all residents had access to a wide range of allied health care professionals.

The residents living in this centre required a high level of behavioural support and the provider had ensured that adequate arrangements were in place to support them. As well as the suitability of the layout of this centre providing each resident having their own individual apartment, an adequate number of staff were on duty each day and night to support each resident, in accordance with their most up-to-date assessment of need. Each resident was also subject to regular multi-disciplinary review, which had a positive impact on ensuring the continued effectiveness of the

specific behaviour support interventions that were in place for them. Staff who met with the inspector, each spoke confidently about the specific interventions that were in place for each resident and were very much aware of how to ensure these were appropriately implemented on a daily basis. For example, for one resident, they require specific supervision throughout the day and both staff who were supporting this resident on the day of inspection, demonstrated to the inspector how they supervised this resident to ensure the safety of this resident, and their own safety was maintained while doing so. While staff were very much aware of individualised strategies in place to support each resident with their behaviour support needs, upon review of supporting behaviour support plans, the inspector found that some would benefit from further review, to provide clarity on the specific behaviour support and care that these residents received from staff on a daily basis.

Due to the high behaviour support needs of these residents, there were a number of restrictive practices in use in this centre. The number, type and frequency of use of these was robustly monitored by the person in charge and each restriction was also subject to regular multi-disciplinary review. Although records were maintained each time a physical restraint was used, the guidance in place supporting this required additional review to ensure better clarity was provided to staff on its appropriate application in practice, to ensure the least restrictive practice was at all times used.

The provider had systems in place for the identification, response, assessment and monitoring of all risk in this centre. The timely response to risk in this centre was largely attributed to by the regular presence of the person in charge, discussions held at staff team meetings and to the centre's incident reporting system. In the days leading up to this inspection, a significant incident had occurred and was quickly responded to, to ensure the safety of the resident involved. Interim safety measures were immediately put in place and at the time of this inspection, the provider was carrying out a root cause analysis into the incident and had sought the involvement of multi-disciplinary teams to establish if additional care interventions were required. The person in charge had updated the resident's risk assessment and was awaiting further guidance from senior management and multi-disciplinary teams. All staff had been briefed on the incident and were made aware of the new safety measures that were in place. At the time of inspection, the resident was safe and well and all efforts were being made by staff and management to reduce the likelihood of a similar incident re-occurring.

The provider had fire safety precautions in place, including, fire detection and containment arrangements, emergency lighting, clear fire exits and all staff had up-to-date training in fire safety. A waking night-time staffing arrangement was in place, which meant, that should a fire occur at night, staff were available to quickly respond. Each resident had their own fire exit in their apartment, with some also having access to additional fire exits in the main building. Each resident had a personal evacuation plan and records of fire drills demonstrated that staff could support residents to evacuate in a timely manner. Although staff were very clear on how to respond to fire in the centre, supporting documentation didn't clearly detail what the exact fire procedure for the centre was. This was brought to the attention of the person in charge and director of operations, who rectified this before close of

the inspection.

In response to some residents' support needs, the use of covert medication administration was required to support them to take their medicines. The decision to implement this measure was supported by multi-disciplinary input and protocols were available to staff to guide them on how to administer medication in this manner. Of the medication prescription records reviewed by the inspector as part of this inspection, these were prescribed in accordance with the centre's medication management policy.

### Regulation 10: Communication

Where residents had assessed communication needs, the provider had ensured suitable arrangements were in place to support these residents to express their wishes.

Judgment: Compliant

### Regulation 17: Premises

The layout and design of this centre was considerate to the assessed needs of the residents who lived there. Overall, the centre was found to be clean, spacious, well-maintained and provided the residents with a very comfortable living environment.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had robust systems in place for the identification, assessment, response and monitoring of all risk in this centre. Where risk was identified, it was quickly responded to, ensuring the safety and welfare of all residents and staff was protected.

Judgment: Compliant

### Regulation 27: Protection against infection

The provider had infection prevention and control measures in place and these were subject to regular review. Contingency plans were also in place, should the centre experience and outbreak of infection.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had fire safety precautions in place, including, detection and containment arrangements, emergency lighting, up-to-date staff training in fire safety and regular fire safety checks. Fire drills demonstrated that staff could support residents to evacuate the centre in a timely manner and a fire procedure was available to guide staff on what to do, should a fire occur.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had ensured medication management was regularly monitored and where covert medication was in use, it was done so in accordance with the centre's medication management policy.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents needs were regularly assessed for and personal plans were developed to guide staff on how best to support residents with their assessed needs.

Judgment: Compliant

### Regulation 6: Health care

Where residents had assessed health care needs, the provider had ensured that they received the care and support that they required. All residents had access to a wide range of allied health care professionals, as and when required.

Judgment: Compliant

### Regulation 7: Positive behavioural support

The provider had ensured adequate arrangements were in place to support residents requiring behavioural support. However, improvement was required to some behaviour support plans to ensure these clearly outlined the specific care and interventions that these residents received from staff on a daily basis.

Although there was regular oversight and review of the restrictive practices that were in place in this centre, improvement was required to some guidance in relation to the use of physical restraint, to ensure this guidance gave clearer instruction to staff on its appropriate application, to ensure that the least restrictive practice was at all times used.

Judgment: Substantially compliant

### Regulation 8: Protection

The provider had ensured staff were supported in the identification, response, monitoring and review of any concerns relating to the safety and welfare of residents. Although staff were being guided by safeguarding arrangements, there were no active safeguarding concerns in this centre at the time of this inspection.

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
<b>Capacity and capability</b>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Mulberry Lodge OSV-0007413

Inspection ID: MON-0027855

Date of inspection: 05/04/2022

## 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 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ol style="list-style-type: none"> <li>1. MDT meeting was scheduled (3.05.2022) to review Multi Element Behaviour Support Plans to provide additional guidance and strategies on the specific care and interactions required for residents on a daily basis. This will then be shared with the team via meeting with PIC and Behavioural Specialist and evidenced through training sign off. (30.05.2022)</li> <li>2. The Person in charge completed a review of all incidents requiring physical restraints and ensured that all measures and proactive/reactive strategies are utilized prior to engagement in physical restraint, as a last resort and the least restrictive at all times. This will be reviewed quarterly with the PIC and Behavioural team at Restrictive Practice reviews and evidenced through meeting minutes.</li> <li>3. The Person in Charge will provide Report Writing training with the MAPA specialist for all staff to ensure clear documentation of all proactive and reactive strategies utilized as per Personal Plans and Multi Element Behaviour Support Plans to ensure physical restraint is only utilized as an absolute last resort. This will be facilitated internally with the training department and evidenced through training sign-off. (30.05.2022)</li> </ol>	



## 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 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Substantially Compliant	Yellow	30/05/2022
Regulation 07(5)(c)	The person in charge shall ensure that, where a resident's behaviour necessitates intervention under this Regulation the least restrictive procedure, for the shortest duration necessary, is used.	Substantially Compliant	Yellow	30/05/2022