



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

Issued by the Chief Inspector

Name of designated centre:	Brayleigh
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Limerick
Type of inspection:	Announced
Date of inspection:	21 March 2024
Centre ID:	OSV-0008048
Fieldwork ID:	MON-0033891

About the designated centre

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

Brayleigh is a designated centre located in a rural area of Co. Limerick which can provide accommodation to three individuals from the age of 12 to 18, both male and female, with an intellectual disability, autism and challenging behaviours. Accommodation is spread over three apartments and a communal area. Staffing support is afforded to residents in accordance with their assessed needs both by day and night. Presently this is through social care workers and the day to day oversight is maintained by a person in charge. The provider states the staff team through a social model of care will work with each resident on an individual basis to develop their personal plans which reflects their needs and desires.

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
Thursday 21 March 2024	10:30hrs to 19:00hrs	Elaine McKeown	Lead

What residents told us and what inspectors observed

This was an announced inspection, completed to monitor the provider's compliance with the regulations and to inform the decision in relation to renewing the registration of the designated centre. The centre was registered as a designated centre with the Health Information and Quality Authority (HIQA) in July 2021. The centre has been inspected in November 2021 and February 2023 as part of the current registration cycle. Both of the previous inspection findings had found overall good quality of care and safe services being provided to the residents. The provider was found to have adequately addressed the actions that were identified during those inspections.

On arrival at the designated centre the inspector was introduced to some of the staff team. The residents had already left the designated centre to attend their respective schools. The inspector completed a walk around of the designated centre with the person in charge at the start of the inspection. It was evident that the provider had ensured planned maintenance of areas such as the communal kitchen had been completed. There was evidence of residents input into changes that had been made to the decor in each apartment since the previous inspection in February 2023. This included an activity table in one bedroom and additional soft furnishings, changes to a bed and flooring in another apartment and additional free standing storage units in another apartment. All areas were observed to be warm and clean during the inspection.

The inspector was invited to meet one resident on their return from school in the early afternoon in their apartment. The resident required the support of two staff at all times both by day and night. With the agreement of the resident, the inspector and one staff member were present during this initial introduction. The inspector was invited to sit down at the dining table where the resident and the other staff were sitting. The resident laughed as the cushion on the seat where the inspector was invited to sit down made a loud sound. This was a jovial start to the conversation. The resident was able to express themselves and how they were feeling very clearly to the inspector. They acknowledged that staff were aware of their feelings and stated they engaged with some of the staff team more easily than others.

The resident had recently been the recipient of an national award from the provider which was on display in their apartment. The inspector spoke about the changes to the furniture and soft furnishings in the apartment since the previous inspection in February 2023. The inspector tried to engage the resident in conversation relating to a number of positive outcomes for them which included the installation of a safety kettle to independently make hot drinks in their apartment. This had been purchased and was in place on the day of the inspection. There was also a list of the residents' current goals on display which had been updated to reflect the progression of these goals. These included increasing their independence with learning cooking skills and completing household chores. The resident was happy

with the progress they were making in these activities. However, the resident repeatedly asked the inspector if they had read the "HIQA book". The inspector assured the resident they would ask the person in charge about the "HIQA book" and ask to look at it. The resident then indicated that they wished for the inspector to leave and this was respected.

After leaving the apartment, it was explained to the inspector that the resident was referring the HIQA resident questionnaire - Tell us what it is like to live in your home. The inspector was given three resident questionnaires to review. One had been returned with no responses recorded. The second which had been completed by a resident outlining how they were happy with their service, the support from the staff team and their apartment. All of the responses from this resident were of a positive nature.

The third questionnaire had been completed in detail by the resident that the inspector had met earlier in the day. They had the support of a staff member to complete some sections but it was reflective of how the resident perceived the services being provided to them. The responses included statements from the resident, such as they did not think the designated centre was a nice place to live, they reported feeling lonely and not listened too. They responded to questions about the service that could be better which included making their own choices and decisions. They did not feel safe in the designated centre and felt that improvements could be made with the staff supporting them. This included knowing what was important to the resident, what they liked and disliked. The resident wrote detailed notes in the section " Do you have anything else you want to tell us". These notes contained some statements and thoughts being experienced by the resident. The person in charge had spoken with the resident after they had reviewed the completed questionnaire and escalated their concerns to senior management. This will be further discussed in the quality and safety section of this report.

As the inspection continued this resident was heard to engage in a positive manner with staff members and engaged in their planned activities which included a spin in the afternoon to a large town. The inspector ensured they met the resident again before leaving the designated centre at the end of the inspection. They were observed to be smiling and engaging in conversation with the staff present at the time.

The inspector met the second resident in the afternoon when they returned to the designated centre after attending school. The resident sat down on a nearby couch in the communal kitchen after they had put away their personal belongings in their apartment and put on their slippers. The resident was observed to discuss their evening meal with staff team. They spoke to the inspector about their involvement in a basketball club and how they enjoyed community activities such as being part of a youth club. The resident was saving to buy their own mobile phone and was observed to engage in conversation with the staff present in the communal area explaining about what happened in school. This included telling staff that they had sustained an injury to their wrist while engaged in sports. Staff were observed to listen to the resident and examine the affected area. The staff and resident agreed to monitor the wrist for a period of time and discussed a plan if any further actions

were required to be taken. The resident appeared to be happy with this outcome.

The inspector was introduced to the third resident in the afternoon at a time that suited them. Staff had spoken with the resident in advance of the inspector going into their apartment. They had returned from school and were resting on their bed. One staff member introduced the inspector to the resident who acknowledged their presence with a single word and a "thumbs up" sign. The resident appeared comfortable and staff outlined how their day at school had gone. The inspector observed an interactive book on the dining table which the resident had been engaging with prior to the inspector arriving. The inspector had reviewed the resident's personal plan and noted this activity was documented as an activity that the resident might like to engage with in their sensory environment which was part of their person centred care. The resident was also engaging more with staff during meal times and was being supported to become more independent with their personal care.

The inspector observed many interactions between the staff team and the residents throughout the inspection that were respectful. All staff were observed to converse and complete activities in a respectful and professional manner while effectively communicating with the residents. For example, staff were observed to listen carefully to what residents were saying during the inspection. They were very responsive to both verbal and non-verbal interactions. They were familiar with preferences, routines and daily planners which assisted the residents to engage in meaningful activities.

Staff spoken to during the inspection outlined how they were actively advocating for the residents to attain greater independence. Staff spoke of balancing each resident's growing maturity with their safety and well being. Staff spoke of aiming to assist residents to succeed. For example, one resident had voiced they wished to have a particular restriction that was in place for their safety removed from the transport vehicle. There was detailed consultation with the resident and there was a phased plan in progress to support the resident to attain this safely. The staff outlined how the resident wished to achieve a goal of independent living when they are older. However, they were also at risk of being overwhelmed. The staff team were working to provide a safe environment, while considering the will and preference of the resident to aid their progress towards increased independence.

It was evident the residents were in receipt of a person centred and individualised service to meet their assessed and changing needs. For example, one resident was being supported to attend school for a shorter period during the day which had better outcomes for them in other activities during the day and caused them less anxiety with this change in their routine. Another resident attended a community basketball club at the weekends and was hoping to be part of the Special Olympics team in 2024.

All staff had completed training in human rights and this was demonstrated in a number of ways in the support provided to the residents. This included enhancing their personal development, decision making, supporting frequent and regular access to community activities and ensuring issues or concerns raised by the

residents were responded to with ongoing consultation and information sharing with the resident. The provider had also ensured residents were provided with an easy-to-read version of the annual review that had been completed in September 2023.

In summary, the residents were being supported to be actively involved and consulted in the services and supports provided to them. Residents were being supported with all aspects of their personal development. While staff assisted the residents to progress in attaining increased independence, ongoing review of risks and the changing assessed needs of the residents was also considered. Staff outlined the actions that had been taken to ensure the voice of the resident was being heard. This included weekly psychology sessions for one resident and the appointment of an independent advocate. However, some gaps were evident in documenting the satisfaction of a complainant after a complaint was closed and providing up-to-date information for staff to effectively evacuate a resident in the event of a fire.

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

Capacity and capability

Overall, this inspection found that residents were in receipt of good quality care and support. This resulted in good outcomes for residents in relation to their personal goals and the wishes they were expressing regarding how they wanted to live or spend their time in the centre. There was evidence of strong oversight and monitoring in management systems that were effective in ensuring the residents received a good quality and safe service.

The provider had effective systems through which staff were recruited and trained, to ensure they were aware of and competent to carry out their roles and responsibilities in supporting residents in the designated centre. Residents were supported by a core team of consistent staff members. During the inspection, the inspector observed kind, caring and respectful interactions between residents and staff. Residents were observed to appear comfortable and content in the presence of staff, and to seek them out for support as required. For example, one resident requested to speak with the person in charge and later on spoke with the behaviour specialist who was on site on the day of the inspection.

In addition, staff took the opportunity to talk with the inspector about residents' interests and the specific supports required. For example, staff outlined how one resident liked to go to local shops. While the resident had made progress and was coping well with small locations, staff were aware larger venues could still be overwhelming for the resident. However, they were being supported to seek out

new locations with staff support.

Staff spoke about how important it was to them to ensure that residents lived in a comfortable environment where they were happy, safe and engaging in activities they enjoyed. Residents were encouraged to engage with their key workers and staff members each week in their own service user forum. Any issues raised during these meetings were reviewed with the resident and actions taken to address the matter as soon as possible. For example, decorating their personal space and engaging in activities such as sports and social activities in the community.

The person in charge and staff on duty during the inspection were found to be familiar with residents' care and support needs. The staff team had communication systems in place and regular meetings with residents to ensure they were aware of any concerns or issues that may arise for any of the residents. The person in charge was available to residents and staff both in person or on the phone during the week. The provider had also additional staff resources employed to support the person in charge and to whom duties were delegated. This included a team leader and shift lead manager, both of whom worked full time in this designated centre.

Due to time constraints on the day of this inspection, the inspector did not review documents within the designated centre regarding Regulation 31: Notification of incidents. This included the incident log for the designated centre. The inspector was aware there had been a total of 74 notifications submitted to the chief inspector since the previous inspection in February 2023. These included four changes to the person in charge. Updates and assurances had been provided when requested in a timely manner. However, due to the volume of notifications and recorded incidents it was not possible for the inspector to adequately assess this regulation. The provider had identified an action as part of the overall monitoring of systems and procedures within the designated centre in the last annual review in September 2023. The person in charge was to ensure monthly logs of adverse events were recorded and monitored in each residents personal file. This was documented as being completed in the actions of the report.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured an application to renew the registration had been submitted as per regulatory requirements.

Following a review of all of the documentation submitted prior to the inspection taking place, it was identified that the residents' guide that was submitted was not reflective of this designated centre. The provider ensured the correct document was submitted in a timely manner once the issue was identified.

The floor plans submitted were deemed to be accurate and reflective of the designated centre. However, floor plans with a better resolution to clearly identify areas such as doorways were submitted following the inspection.

Judgment: Compliant

Regulation 14: Persons in charge

The registered provider had ensured that a person in charge had been appointed to work full-time and that they held the necessary skills and qualifications to carry out their role. They demonstrated their ability to effectively manage the designated centre. They were familiar with the assessed needs of the residents and consistently communicated effectively with all parties including, residents and their family representatives, the staff team and management. Their remit was over this designated centre and one other designated centre located approximately 40 minutes drive away. They were available to the staff team by phone when not present in the designated centre.

They were supported in their role by a team leader and a shift lead manager. Duties were delegated and shared including the staff rota, audits, review of personal plans, risk assessments and fire safety measures.

Judgment: Compliant

Regulation 15: Staffing

The person in charge had ensured there was an actual and planned rota in place. Staffing resources were in line with the statement of purpose and were reflective of the front line staff working on the day of the inspection. It was discussed during the inspection that the person in charge was not reflected on the actual rota that was given to the inspector to review. The inspector was informed their presence in this designated centre was reflected in the rota of their other centre for which they also had remit over. During the feedback meeting, the inspector was provided with assurance that the working hours of the person in charge would be reflected in this designated centre also.

At the time of this inspection there were no staff vacancies and a core group of consistent staff were supporting the residents to deliver person-centred, effective and safe care.

Staff attended regular team meetings which discussed a number of topics including, staff training, safeguarding, restrictive practices, monitoring of behaviours, incidents that may have occurred and medication management.

The inspector met with members of the staff team over the course of the day and found that they were familiar with the residents and their likes, dislikes and preferences.

Judgment: Compliant

Regulation 16: Training and staff development

Staff in the centre had completed a range of training courses to ensure they had the appropriate levels of knowledge and skills to best support residents. These included training in mandatory areas such as fire safety, safeguarding of vulnerable adults, infection prevention and control.

The provider had ensured that staff had access to training that was identified as important for this centre and in line with residents' assessed needs including safety intervention and children first.

The staff team had completed training modules in human rights as requested by the provider.

Staff supervision was occurring in-line with the provider's policy at the time of this inspection and scheduled in advance for 2024.

Judgment: Compliant

Regulation 22: Insurance

The registered provider had ensured that the designated centre was adequately insured.

Judgment: Compliant

Regulation 23: Governance and management

The provider was found to have suitable governance and management systems in place to oversee and monitor the quality and safety of the care of residents in the centre. There was a clear management structure in place, with staff members reporting to the person in charge who had the support of a team leader and shift lead manager working in the designated centre. The person in charge was also supported in their role by a senior managers. The provider had ensured the designated centre was subject to ongoing review to ensure it was resourced to provide effective delivery of care and support in accordance with the assessed needs of the residents and the statement of purpose.

The provider had also ensured an annual review and six monthly internal audits had

been completed in the designated centre. Actions identified had been completed or updates on their progress to date documented. Time lines for completion and the person responsible were also clearly documented. There was also as schedule of audits which included personal plans, medication and health and safety audits.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

The provider had ensured all residents had a contract of care in place which was signed and contained details of the service to be provided and clearly stated any charges that may be applied. Residents were also provided with an easy-to-read version of the document.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had ensured the statement of purpose was subject to regular review. It reflected the services and facilities provided at the centre and contained all the information required under Schedule 1 of the Regulations. Minor changes were discussed on the day of the inspection and an updated version of the document was submitted by the provider after the inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had ensured staff and residents were informed and aware of the comment, compliment and complaints procedure. This was scheduled for further review by the provider in June 2024. There was also easy-to-read documentation available for residents to access as required.

The inspector reviewed the log of comments, compliments and complaints. It was evident residents were supported to raise issues and document compliments and complaints. Some complaints had been further processed as notifications when deemed necessary and the complaints officer had visited the designated centre, most recently the week before this inspection.

There was one open complaint at the time of this inspection. This was made by a resident pertaining to restrictive practices that were in place to support their assessed needs. The inspector was informed there was a phased and planned reduction of a number of these restrictions which the resident was aware of and the multi-disciplinary team were providing ongoing support to achieve further reductions. As the resident was assessed as requiring the restrictions to remain in place at the time of this inspection, this complaint remained open.

However, the progress of actions being taken or the satisfaction of the complainant was not always documented. For example, another resident had made a complaint in November 2023 regarding the impact of reduced staffing resources on their daily activities. The resident reported they were not happy and felt frustrated and left down by the provider. While the issue was resolved and the complaint documented as being closed, the satisfaction of the complainant was not documented at the time of the inspection on the records provided to the inspector to review.

There had been a number of compliments recorded which outlined the good care and support provided by the staff team to the residents. Compliments were received from relatives reflecting their appreciation of the dedication and caring nature of staff and the positive impact for their relative from the services provided to assist with their relative's personal development. Residents had also submitted compliments about the staff team.

The provider also had a process for comments to be made. The inspector noted that two staff had made a comment relating to the use of a particular piece of equipment to support the assessed needs of one resident in October 2023. There were no further details or updates documented to provide assurance that the comment had been reviewed or addressed. This was discussed during the feedback meeting at the end of the inspection.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that the quality and safety of care provided for residents was of a good standard. Residents' rights were promoted, and every effort was being made to respect their privacy and dignity. They were encouraged to build their confidence and independence, and to explore different activities and experiences.

The residents were consistently supported by members of the multi disciplinary team who visited the designated centre regularly or residents were supported to visit them in community locations. For example, one resident had weekly meetings scheduled with their psychologist away from the designated centre. Staff explained to the inspector, it had taken time for the resident to actively engage with this professional. However, at the time of this inspection, the resident was frequently

spending more than 30 minutes in these weekly meetings which was deemed to be a positive outcome for the resident.

Another resident was supported to attend basketball training in another county each weekend. This resident expressed a wish to be part of the Special Olympic team for 2024 and the staff team were supporting this endeavour.

The inspector spent some time during the inspection speaking with the behaviour specialist who was on site. This person was very familiar with the assessed needs of each of the residents, was actively involved in the development of the behaviour support plans for two of the residents and also provided expert input for the review of the third resident's personal plan. They ensured the staff team were familiar and had up-to-date knowledge while supporting each of the residents. They also outlined their plan to ensure residents would be effectively supported to transition to adult services when required.

As previously mentioned in this report, one resident had expressed how they perceived the services being provided to them in the designated centre. Staff spoken too, including the behaviour specialist outlined how the resident was maturing but at times the pace of change requested by the resident was not always in their best interests for their personal safety. Staff wanted to support the resident to become more independent, but to do so safely and at a pace that would ensure success for the resident. They wanted to aid them to succeed. For example, the resident was fully informed of a planned phased reduction of a particular restrictive practice while on their transport vehicle. This had worked effectively in recent months and the resident was aware that a further review in the weeks after this inspection could lead to a further reduction of the restriction. Staff were supportive of positive risk taking while enhancing each resident's independence and it was evident ongoing information sharing and consultation with the residents was assisting effective communication between the residents and staff team. This included the person in charge discussing the concerns raised in the resident's completed questionnaire with the resident and explaining the next steps being taken by the provider to address the issues raised.

The inspector was informed that one of the residents would be supported to begin the transition to an adult service in the coming months. This was in -line with the provider's procedures and protocols. The resident and their family representatives were aware that this would be required as the resident reached 18 years of age towards the end of 2024.

The design and layout of the designated centre supported the assessed needs of the residents. It was located on a rural site and had adequate facilities to meet the needs of the resident living there. There was evidence on ongoing review of maintenance and systems in place to address issues identified by staff or during scheduled audits.

Regulation 10: Communication

The registered provider had ensured that each resident was assisted and supported to communicate in accordance with their assessed needs and wishes. This included writing letters, using phones and objectives of reference.

There was also detailed information for staff to effectively support one resident who used specific phrases to communicate. The speech and language therapist clearly documented how staff should repeat particular words used frequently by the resident and how to respond with simple short responses to avoid confusion or anxiety being caused to the resident. This was observed by the inspector in the brief engagement they had with this resident in the afternoon. The staff supporting the resident were observed to explain the presence of the inspector to the resident, respond to the single words used by the resident and understand what the resident was communicating. The resident also gave the inspector and staff a thumbs up sign when they were leaving the apartment.

Judgment: Compliant

Regulation 11: Visits

Residents were supported to receive visitors and members of their circle of support in line with their assessed needs and expressed wishes. Residents were also supported by staff to have planned visits with named persons in specific locations in the community.

Judgment: Compliant

Regulation 12: Personal possessions

The registered provider had ensured each resident was being supported to experience and engage in opportunities to develop life skills and help them to prepare for adulthood.

Residents had access to education and recreational facilities in line with their expressed wishes and developmental needs. They were being supported to maintain links with the wider community and personal relationships.

Staff were also supporting residents to mature in their independence which included decision making and managing their finances with staff support. For example, being supported to make more choices in the furnishings in their apartments, purchasing items such as takeaways and being consulted in plans for their future care.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were supported to engage in a range of meaningful activities both within the designated centre and in the community. Daily routines were flexible to support residents in line with their assessed and changing needs. This included attending school for reduced hours, delaying the commencement of the morning routine if the resident expressed this wish and encouraging residents to actively participate in activities to increase their personal independence.

Judgment: Compliant

Regulation 17: Premises

Overall, the centre was designed and laid out to meet the number and needs of residents living in the centre. Communal areas were found to be warm, clean and comfortable. Areas were decorated to reflect the individual preferences and interests of the residents. There was evidence of increased input from the residents in some of the decor in their personal apartments since the previous inspection. This included rugs & soft furnishings as well as activity tables and storage options for personal clothes.

The provider had completed actions that had been identified on internal audits since the previous HIQA inspection, which included maintenance of the kitchen worktops and units. The wall surface on one of the bathrooms had been changed and there was evidence of internal and external painting throughout the designated centre.

There was also ongoing input from the maintenance department to ensure the visual appearance of bathroom suites were addressed frequently. Due to the mineral composition of the water supply in the locality, staining of sinks and shower areas occurred despite staff keeping these areas dry after each use. All of the affected areas were observed to have been recently subject to a deep clean at the time of this inspection.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were observed to be offered choice and meals were freshly prepared daily. Residents were supported to have their meals at times that suited each

individual during the day. For example, one resident was observed to make their choice on their return from school in the afternoon.

The choice for the evening meal had been agreed at the start of the week with the daily choices displayed on a large board in the communal kitchen for each resident.

Residents were supported to engage in food preparation with staff support regularly. This included two residents spending increasing periods of time in the communal kitchen while preparing their meals with staff supervision.

There was evidence of safe food storage practices begin adhered to and all staff had attended training in food hygiene.

Judgment: Compliant

Regulation 20: Information for residents

The registered provider had ensured residents were provided with a guide outlining the services and facilities provided in the designated centre in an appropriate format.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider's risk management policy contained all information as required by the Regulation.

The provider and person in charge were identifying safety issues and putting risk assessments and appropriate control measures in place. In addition, risk assessments were subject to regular review by the person in charge and the director of operations with the most recent taking place in January 2024.

Residents also had individual risk assessments in place to support their assessed needs. These assessments were also subject to regular review with evidence of a reduction in the need for some control measures in recent months or a reduction in the risk rating due to the changing needs of the residents.

Judgment: Compliant

Regulation 27: Protection against infection

The provider had ensured an infection prevention and control policy, procedures and practices in the centre were in place to support and protect the residents and staff team. Contingency plans and risk assessments were developed in relation to risks relating to healthcare associated infection. Staff had completed a number of infection prevention and control related trainings.

The physical environment in the centre had evidence of effective cleaning taking place. There were cleaning schedules in place to ensure that each area of the designated centre was regularly cleaned. Staff members had delegated cleaning responsibilities and it was clear from observations of staff practice over the day these were being completed. The use of colour coded cleaning equipment was also observed to be used appropriately by staff during the inspection.

In addition, actions from the February 2023 HIQA inspection had been adequately addressed. These included additional stocks of hand sanitiser being available in the designated centre with an expiry date evident.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had ensured effective fire safety management systems were in place. All fire exits were observed to be unobstructed during the inspection. Fire safety equipment was subject to regular checks including annual certification of the fire alarm and emergency lighting systems. Fire safety checks were completed which included daily, weekly and monthly checks. However, the documenting of weekly checks was not consistently being completed. It was noted by the inspector that some checks were being completed more frequently than weekly, while on other occasions the period of time between the weekly checks were greater than seven days. For example, a weekly checklist was completed on 11, 20 and 25 February 2024 and not completed again until 4 March 2024. This was discussed during the inspection, as no set day of the week had been identified for such checks to be completed to ensure consistency that these required checks were being completed on a weekly basis.

All residents had personal emergency evacuation plans (PEEPs) in place which were subject to regular and recent review. However, one resident had refused to evacuate a number of times in the months prior to this inspection. This possibility that the resident may refuse to engage in a drill was not reflected in the resident's PEEP. In addition, measures to effectively support the resident to safely evacuate were not documented to inform staff how they could best support the resident to evacuate without causing them increased anxiety. For example, such as naming objects of reference that might be of assistance to the resident. The inspector acknowledges that the resident had been supported to engage with their key worker and use social stories to aid their engagement in fire drills. The resident had

successfully evacuated in the week prior to this inspection.

Residents were being supported with video and social stories to inform them on the importance of evacuating the building quickly in the event of an emergency. Fire drills were taking place regularly, including minimal staffing drills. However, an action from fire drills in June and August 2023 had identified the benefit of including scenarios of where a fire might be located. This had not occurred in the subsequent drills completed.

All staff had attended training in fire safety. Staff spoken too during the inspection were aware of the fire evacuation plan and had participated in fire drills.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

Each resident had an assessment of need and personal plan in place which the inspector reviewed. These plans were found to be well organised which clearly documented residents' needs and abilities. Each of the residents had actively participated and was consulted in the development of their personal plans. For example, one resident had expressed their wish to live independently in the future and had agreed with staff to identify possible social interactions that could assist their progress to attain this such as going to the cinema and local shops with staff support

Assessments and plans were being regularly reviewed and updated. The provider and person in charge had ensured that all residents' personal plans included their goals, in addition to their likes and dislikes. All residents plans were reviewed on an annual basis and areas that were important to them formed the central part of these reviews. All residents' goals and the progress made in achieving these were subject to regular review by the resident's keyworker and the person in charge.

Residents had their favourite activities included in their weekly plan such as participating in activities in the local community regularly and attending a basketball club each weekend.

Each residents keyworker was responsible to ensure the personal plans were updated and reviewed as required, gaps in documentation that had been identified by the provider's internal auditors had been addressed in a timely manner and closed out.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to maintain best possible health. They had access to GP and to specialist medical services as required. The person in charge and staff team supported the residents in accessing these services.

The provider had also ensured a review of residents prescribed medications. One resident was being supported to follow a monitored reduction plan of a particular medication under the care of their medical practitioner which was reported as having a positive outcome for the resident .

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents were supported to positively manage behaviours that challenge. The provider ensured that all residents had access to appointments with psychiatry, psychology and behaviour support specialists as needed.

Positive behaviour support plans were in place for residents and they were seen to be current and detailed in guiding staff practice. Plans included long term goals for residents and the steps required to reach these goals in addition to both proactive and reactive strategies for staff to use. There was evidence of residents being included and consulted in the development of their plans. The person in charge and staff team were supported by the use of consistent communication responses to support residents' understanding of routines and to help in anticipating next steps in routines. Staff were supported to understand what was being communicated by a resident as part of the precursor section of positive behaviour support plans.

There were a number of restrictive practices in use in the centre and the inspector found these had been assessed for and reviewed by the provider when implemented. There was also evidence of ongoing review and monitoring. Chart plots recorded evidence of a reduction in some behaviours and informed the review of behaviour support plans. In addition, phased reduction of restrictions was also under review or taking place at the time of this inspection. This included the detailed documentation of the slow, monitored, phased reduction of a particular piece of safety equipment on a transport vehicle deemed necessary to support the assessed needs of one resident. The resident had indicated they wished to have the restriction removed and working together with the staff team there was a reduction plan agreed with the resident to attain this.

Judgment: Compliant

Regulation 8: Protection

The provider was found to have good arrangements in place to ensure that residents were protected from all forms of abuse in the centre. The provider had systems to complete safeguarding audits and there were learning supports for staff on different types of abuse and how to report any concerns or allegations of abuse. All staff had attended training in safeguarding of vulnerable adults. Safeguarding was also included regularly in staff meetings to enable ongoing discussions and develop consistent practices.

Personal and intimate care plans were clearly laid out and written in a way which promoted residents' rights to privacy and bodily integrity during these care routines.

Judgment: Compliant

Regulation 9: Residents' rights

In line with the statement of purpose for the centre, the inspector found that the rights and diversity of residents were being respected and promoted in the centre. The residents who lived in this centre were supported to take part in the day-to-day running of their home and to be aware of their rights through their meetings and discussions with staff.

At the time of this inspection, the provider had sufficient resources in place to support each resident to attend school and their preferred activities. Each resident had access to their own dedicated transport vehicle.

The inspector acknowledges that the staff team and provider had notified the relevant state services regarding two residents who were over the age of 16 years but had not yet received their disability allowance payments to which they were entitled to since turning 16 years old in June and September 2023. The third resident who was not subject to a care order had received their allowance within two months of turning 16 years old.

The provider continued to ensure these two residents remained in receipt of a monthly allowance while awaiting the payment of their disability allowance to be paid to them.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Brayleigh OSV-0008048

Inspection ID: MON-0033891

Date of inspection: 21/03/2024

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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <ol style="list-style-type: none"> 1. The Person in Charge (PIC) shall ensure that the Centre's record of complaints is reviewed and updated in line with [PL-OPS-002] Policy and Procedure on Comments, Compliments & Complaints. 2. The PIC will ensure that the Centre's record of complaints is maintained where required and reflects the details of any investigation into a complaint, outcome of a complaint, actions identified from complaint and details of outcome delivery with complainant. <p>Note: The above actions have been completed 27 March 2024.</p> <ol style="list-style-type: none"> 3. The Person in Charge (PIC) will discuss the above points with Team Members at the next monthly team meeting held by 30 April 2024. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ol style="list-style-type: none"> 1. The Person in Charge (PIC) shall ensure that where checks occur weekly on fire detection equipment that these are recorded within the centre specific fire logs. Note: This action has been completed 11 April 2024. 2. The Person in Charge will ensure that Personal Emergency Evacuation Plans (PEEP's) are reviewed for all individuals and include guidance on how best to support individuals to evacuate, particularly where refusals may occur. Note: This action has been completed 11 April 2024. 3. The Person in Charge will ensure that a scenario-based fire drill occurs within the Designated Centre and details of same are included on the Fire evacuation register. Note: This action has been completed 11 April 2024. 4. The Person in Charge (PIC) will discuss the above points with Team Members at the 	

next monthly team meeting held by 30 April 2024.

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 28(3)(d)	The registered provider shall make adequate arrangements for evacuating, where necessary in the event of fire, all persons in the designated centre and bringing them to safe locations.	Substantially Compliant	Yellow	30/04/2024
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	30/04/2024