



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

Issued by the Chief Inspector

Name of designated centre:	The Brambles
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Roscommon
Type of inspection:	Unannounced
Date of inspection:	23 January 2023
Centre ID:	OSV-0008156
Fieldwork ID:	MON-0035144

About the designated centre

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

The Brambles is a residential service which caters for up to five children, both male and female, with an intellectual disability. The centre is located in a rural area in County Roscommon close to a variety of local services and amenities. The premises has a total of five large en-suite bedrooms for the young residents. There was a spacious garden to the front and rear of the centre as well as play areas, as well as large kitchen/dining room and large communal areas. Staffing support is provided 24 hours a day seven days a week by the person in charge, team leader, assistant team leader, assistant support workers and support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

3

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
Monday 23 January 2023	10:00hrs to 17:00hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection completed in order to monitor on-going compliance with the regulations and in response to an application to vary the conditions of the registration. On arrival at the centre, the inspector found a staff team who were occupied in supporting the routines of residents, some of whom were attending school services, receiving individualised programmes and another resident who was enjoying a sleep in that day.

The centre was a comfortable and spacious home for three residents at present, two were accommodated in self contained apartments and one lived in the main house. The house was nicely furnished and laid out, and visibly clean and tidy throughout.

Each resident had their own room, with an attached en-suite facility, and there was evidence of resident's personal possessions throughout the centre and in their rooms or apartments.

Two residents were present on the day of the inspection, one resident chose not to interact and focused on their daily activities with staff support. The other resident remained in their apartment for most of the day and briefly engaged with the inspector towards the end of the inspection. This resident spoke about the care and support they received and spoke at length about their goals, preferences and their understanding of the service they were receiving but this resident failed to recognise some of the rationale for the programme in place as per the relevant multidisciplinary team supporting and guiding the care for this resident. This was under review at the time of this inspection and the staff team were awaiting further outcomes in relation to this resident.

It was clear that staff were very familiar with residents' needs, and their various ways of communicating. Staff could interpret the behaviours of residents and explain to the inspector what it was they were communicating, and staff were seen to respond appropriately and effectively to the non-verbal cues.

Staff explained to residents why the inspector was visiting their house, and showed residents the introduction sheet the inspector provided to staff on arrival to the centre. Staff were heard asking residents if it was ok that the inspector was visiting, and if they wished to speak with the inspector.

During the morning of the inspection, the inspector saw that residents were occupied and occupied with staff and engaging in activities of their choosing. The staff and person in charge outlined some of the activities that were planned, or that regularly took place, it was clear that all residents had meaningful activities. Later in the day there were home based activities, and some residents went out for walks, a drive or watched television.

There was easy to read information readily available to residents throughout the

centre, including information about staff on duty and menu planning for example.

Overall it was clear that great efforts had been made to ensure the comfort of residents, and to accommodate their needs.

The next two sections of the report outline 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 residents lives.

Capacity and capability

Residents who lived in this centre had a good quality of life, had choices in their daily lives, and were involved in activities that they enjoyed.

There was a clearly defined management structure in place which identified the lines of accountability, including an appropriately experienced and qualified person in charge. There was a clearly identified team with responsibility for managing the centre, which included a person in charge, team leader, deputy team leaders and administration staff to ensure effective monitoring was in place in the centre. The management team had a suite of audits as part of this monitoring process, which included monthly, daily and yearly audits, such as fire, finance, medication, infection control, and safety audits.

Overall, it was evident from observation in the centre, conversations with staff, and information viewed during the inspection, that residents had a good quality of life, had choices in their daily lives, and were supported by staff to be involved in activities that they enjoyed, both in the centre and in the local community. Throughout the inspection it was very clear that the person in charge and staff prioritised the wellbeing and quality of life of residents.

Staffing numbers were adequate to meet the needs of residents, including the requirement to ensure that residents were facilitated to have a meaningful day within public health guidelines. Staff training was up to date and included the required training to ensure adherence to public health guidelines.

Staff had been in receipt of all mandatory training, including training relating to the current public health care situation. Training records were reviewed by the inspector and were found to be current, including training in relation to the use of PPE, breaking the chain of infection and hand hygiene.

Staff supervisions were up to date, and regular staff meetings were undertaken. Staff meetings included infection control as a standing item. A handover at each change of shift was maintained., with discussion on each residents schedule for the day and any changes in needs as identified.

The inspector had a discussion with those members of staff on duty on the day of

the inspection, and all staff members could describe the current guidelines, and told the inspector the additional supports that had been put in place in order to maximise the quality of life of residents. They could describe in detail the support needs for each resident, both in the community, in person centred programmes and in home based activities.

Registration Regulation 8 (1)

The provider had submitted an application to vary two conditions of the registration with all of the required documentation as specified in the regulations. The inspector found that during the inspection, the centre met the changes outlined in the application to vary in relation to two conditions of the registration of this centre.

Judgment: Compliant

Regulation 15: Staffing

There were sufficient staff to meet the needs of residents, and consistency of care and continuity of staff was maintained. The staffing numbers and skills mix were appropriate to the number and assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were in receipt of all mandatory training, and additional training had been provided in accordance with the specific needs of residents.

Judgment: Compliant

Regulation 23: Governance and management

There was a clear management structure in place which identified the lines of accountability and authority. There were effective monitoring systems in place and robust systems to monitor the quality of care and support delivered to residents.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

There were contracts in place which clearly laid out the services offered to residents and any charges incurred.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all the information required by the regulations, and accurately described the service provided.

Judgment: Compliant

Regulation 31: Notification of incidents

All required notifications were made to HIQA within the required timeframes.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a clear complaints procedure which was available in an accessible version, and residents knew who to approach if they had a complaint and was available in an accessible version. There were no current complaints, but a record was also kept of all complaints and any compliments received by the centre.

Judgment: Compliant

Quality and safety

The provider had measures in place to ensure that the wellbeing of residents was

promoted and that residents were kept safe. Overall, there was evidence that a good quality and safe service was provided to residents.

The centre was one house with two attached self contained apartments. Both apartments and the main house, were clean and comfortable, and were decorated and furnished in a manner which reflected the needs of residents. Each resident had their own bedroom, with en-suite and the apartments included a bedroom, bathroom, sitting room and kitchen. These house and apartments were very individualised and had been furnished and fitted to meet the specific needs and preferences of the residents. This was evident in the very different colour schemes and decorative styles in each apartment and the house. At the front of the building there was a large, well-maintained garden and there were fully separate gardens to the rear of each apartment.

Residents had access to the local community and were also involved in activities that they enjoyed in the centre. The centre was situated on the outskirts of a rural town and close to a range of amenities and facilities in the nearby areas. The centre had dedicated vehicles, one for each resident, which could be used for outings or any activities that residents chose.

There were arrangements to ensure that residents' healthcare was being delivered appropriately. Residents' healthcare needs had been assessed and suitable plans of care had been developed to guide the management of any assessed care needs. The provider had also put measures were in place to respond to behaviour that is challenging. There were procedures, such as behaviour support plans, to support residents to manage behaviours of concern.

The provider also had systems in place to ensure that residents were safe from all risk including the risk of fire. Records indicated that fire evacuation practices were being carried out routinely to reflect both day and night staffing levels. Fire drill records were recorded in sufficient detail for learning or improvement in practice. The person in charge maintained up-to-date risk assessments which were reviewed on a regular basis. Since the last inspection of the centre, the provider had reviewed the risk register to ensure that all risks had been included.

Regulation 13: General welfare and development

Residents were provided with appropriate care and support in accordance with their assessed needs and preferences.

Judgment: Compliant

Regulation 17: Premises

The premises were appropriate to meet the needs of residents. There were sufficient communal and personal spaces available to residents and appropriate space in communal and external areas of the centre.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk register in place including risk ratings, and a detailed risk assessment for each risk identified. There was a risk management policy in place which included all the requirements or the regulations.

Judgment: Compliant

Regulation 28: Fire precautions

There was appropriate fire equipment including fire doors throughout the centre, and evidence that residents could be evacuated in a timely manner in the event of an emergency.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medications were safely managed and administered. Structures and procedures were in place to ensure the safe management of medications. The inspector noted that there was learning identified for areas of improvement in medication management in the centre through internal audits completed.

Judgment: Compliant

Regulation 6: Health care

There was a high standard of healthcare, and there was a prompt and appropriate response to any changing conditions. Healthcare and health promotion were well managed.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate systems were in place to respond to behaviours of concern. Where restrictive practice were in place they were the least restrictive required to mitigate the risk to residents, and were effectively monitored.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that residents were protected from all forms of abuse.

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 8 (1)	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	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 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant