

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:	Announced
Date of inspection:	25 June 2024
Centre ID:	OSV-0008156
Fieldwork ID:	MON-0035151

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 six 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 six 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:	4
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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 25 June 2024	10:30hrs to 17:00hrs	Catherine Glynn	Lead

What residents told us and what inspectors observed

This inspection was announced and took place to monitor compliance and to inform a renewal of registration decision. Overall, this inspection found that the service was meeting the needs of the residents who lived there as well as supporting them to live very active lives.

Through observations and reviews of residents' information, the inspector found that the residents received appropriate care and support. Residents were also supported to engage in activities of their choosing, and the centre's staff team supported residents in a way that promoted their views and rights. On review of training records all staff had completed training in human rights and this was reflected in discussion and residents documentation.

The inspector met with the person in charge and person participating in management on arrival to the centre. The inspector was advised that all residents were attending planned social activities and two residents were meeting up in an activity park for a day out with staff support. As a result the inspector did not have an opportunity to meet with residents but was provided with residents' feedback, which showed that all residents were happy with their service and supports in place currently.

The inspector observed that the centre was designed and laid out to meet the needs of the residents. Residents had adequate space to take time away if they wished. Each resident had their own bedroom which was personalised and designed to their preferred tastes. There was televisions, computer game devices, board games and a suitable outdoor space for additional activities such as football. Residents were also supported to engage with swimming in leisure centres or sea swimming where possible.

It was very clear that residents' rights to a good quality and meaningful life were gathered through ongoing daily discussions on choice and preferences. Staff and residents also had weekly meetings to plan the menu, discuss shopping needs or agree activities that week.

Overall, from discussions with staff, observations in the centre and a review of records, it was found that the residents had a good quality of life, where they made choices about what to do and were supported to be active in their local community.

The next two sections of the report present the findings in relation to the governance and management of the centre, and describes about how the governance and management affects the quality and safety of the service provided.

Capacity and capability

Overall, the inspector found that the centre was well monitored and the management team had effective oversight, which ensured that the residents received support and care in line with their assessed needs and received a good quality service.

The governance and management structures had changed recently in the centre, but this did not impact on the care and support required for the centre. The inspector found that the management team were well settled into their roles and were very familiar with all of the residents' support and care needs. The service provided was very person-centred while ensuring that residents were protected from harm. The inspector noted that areas for improvement as identified in internal audits or external stakeholder audits were under review by the management team. During the inspection small amendments were required in documentation and these were addressed on the day of the inspection.

The provider had ensured that adequate staffing arrangements were in place to support residents appropriately and in line with their assessed needs. A planned and actual roster was in place which reflected the staff working on the day of the inspection. The inspector was unable to meet with staff as they were supporting residents with their planned activities and were accessing community activities during the inspection. The inspector also noted that the skill-mix and number of staff met with the assessed needs of residents and also ensured good consistency of care and support was provided at all times.

The annual review of the quality and safety of service was completed and up to date, but also showed relevant actions for completion, which was also linked to other audits in place in the centre. The provider had also ensured that the six-monthly unannounced provider led audit was completed and up to date at the time of the inspection. The inspector noted that actions identified clearly showed persons responsible for completing these actions and appropriate times specified to complete the actions. Staffing in place was provided by a core staff team which enhanced the consistency of care and support provided. Team meetings were taking place regularly and minutes were maintained and available for staff if not present at the time of this meeting.

There were measures in place to ensure that residents' general welfare was being supported. Residents' likes, dislikes, preferences and support needs were gathered through the personal planning process, by observation and from information supplied by families or representatives, and this information guided the personal planning process in place in the organisation. This also ensured that activity planning was completed and all appropriate supports, and staffing was provided to enable residents to complete these activities. The provider had ensured that sufficient staff were in place to support residents with their assessed needs as well as activities and that staff were competent to carry out their roles. This included home based activities as well as accessing activities in the local community. Observations and

related documentation showed that residents' preferences were being met.

The staff had received extensive training relevant to their roles, such as training in fire safety, medication management, first aid, communication, safeguarding and intimate care needs. Bespoke training was also relevant where required, such as epilepsy management, infection prevention and control, food safety, dietary support needs, and mobility needs. Additional training needs was also provided when identified by the management team. There was a range of policies in place to guide staff in the delivery of a safe and appropriate service to residents.

Records viewed during the inspection included, staff training records, personal plans, risk management documentation, management records and audits completed. The inspector found these documents detailed, descriptive and up to date. The provider had also ensured that the statement of purpose was informative and gave a clear description of the service, facilities and as well as information required by the regulations. The provider had also ensured that information in the centre was also available in an accessible format and child appropriate where required.

The inspector also reviewed the arrangements in place for the absence of the person in charge for specified periods of time. The inspector noted that there was a clear procedure in place for a short term or long term absence of the person in charge for the centre. This ensured that the centre, residents and staff were always supported, monitored and managed appropriately at all times.

Overall, the inspector found that the governance and management arrangements in place in this centre were safe and effective. This led to very good outcomes for residents' quality of life and for the care provided.

Registration Regulation 5: Application for registration or renewal of registration

The provider had ensured that all the required documentation to support the application to renew the registration of the designated centre had been submitted and within the timeframe specified.

Judgment: Compliant

Regulation 15: Staffing

The management team had ensured that the skill-mix and staff numbers was appropriate to the assessed needs of the residents.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were in receipt of all mandatory training, such as fire safety, medication management, and positive behaviour support and additional training specific to the needs of residents, and were appropriately supervised. Regular staff meetings were occurring and records were maintained of these meetings and also provided staff the opportunity to raise or discuss programme needs or concerns.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents included all the required information, such as residents' general practitioner information and person referring resident to the centre.

Judgment: Compliant

Regulation 21: Records

All records required under Schedule 4 were maintained.

Judgment: Compliant

Regulation 22: Insurance

The provider ensured that appropriate insurance was in place as required by the regulations and in line with the application to renew the registration of the centre.

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. Audits were in place to ensure effective monitoring of the service. This included daily, weekly, and monthly audits on fire safety, medication management, residents finances, infection prevention and control and health and safety in the centre.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained the information and clearly described the designated centre and this document was also provided in a accessible format for residents living in the centre.

Judgment: Compliant

Regulation 30: Volunteers

At the time of the inspection, volunteers were bit required in the designated centre due to the assessed needs of the residents. The provider did have policies and procedures in place for the recruitment and retention of volunteer.

Judgment: Compliant

Regulation 31: Notification of incidents

The provider had submitted all relevant notifications to the Chief Inspector within the required timeframes.

Judgment: Compliant

Regulation 32: Notification of periods when the person in charge is absent

The provider was aware of the requirement to notify HIQA of periods of absence of the person in charge. No absences were anticipated.

Judgment: Compliant

Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent

Appropriate arrangements were available in the event of the absence of the person in charge.

Judgment: Compliant

Quality and safety

The inspector found that the quality and safety of care provided in this centre was paramount to the staff team, and was of a good quality, person-centred and also promoted residents' rights.

The centre was located in a rural location close to several large towns. Transport was provided for all residents and was under regular review by the management team if it was sufficient to meet the assessed needs of all residents. The centre was very clean throughout, very spacious, comfortably furnished and decorated. The inspector also observed that the centre had more personalisation and personal items displayed throughout the centre and in residents' personal space. The centre was well maintained and monitored by the staff team and management in line with local policy. There were large garden areas to the front and rear of the centre and some residents also had access to private garden space with access to suitable age-appropriate activities, such as football.

Review meetings took place annually, at which residents' support for the upcoming year was planned and discussed. This ensured that residents' social, health and development needs were identified and that appropriate supports were put in place to ensure these needs were met. From a review of two personal plans, the inspector found that these were up to date and clearly recorded.

Residents had access to the local community and were also involved in home based activities as well as community activities. At present the residents were enjoying their summer break from schooling activities but staff maintained consistent activities where required due to the assessed needs of the residents. There was also a variety of amenities and facilities in the surrounding areas and transport was available for all residents. Residential staff were available at all times day and night as well day programme staff where required. The management and staff team were supporting residents to enjoy and access activities they liked and preferred but also supported their developmental skills if required. During the inspection, the inspector noted that the residents were spending time away from the centre and completing summer based activities all over the country, such as attending Emerald park.

In this centre, the inspector found that there were good systems in place for the

assessment, management and ongoing review of risk, including a system for responding to emergencies. Policies in risk management were in place and in date, and available for review and this included safety statements, that were up to date. Risk assessments for service level risks were identified and in place and each resident had a personal risk management plan which was reviewed regularly by the management team. Staff also received training and support in risk management.

In summary, residents at this designated centre were provided with a good quality service where their independence and autonomy were promoted. There were good governance and management arrangements in the centre which led to improved outcomes for residents' quality of life and care provided.

Regulation 10: Communication

Communication was facilitated for residents in accordance with their needs and preferences. The inspector observed examples of communication tools in the centre, such as pictures, objects of reference and communication boards.

Judgment: Compliant

Regulation 11: Visits

Visits were facilitated and welcomed in the centre.

Judgment: Compliant

Regulation 13: General welfare and development

Residents were provided with appropriate care and support in accordance with their assessed needs and preferences, and were supported in personal development. On the day of the inspection, some residents were enjoying an outing to a well known amusement park as well as enjoying planned days out.

Judgment: Compliant

Regulation 18: Food and nutrition

Residents were supported to have a nutritional diet, and to have choice of meals and snacks. Residents also had access to appropriate multidisciplinary staff for assessment on dietary needs or supplementary dietary supports when required.

Judgment: Compliant

Regulation 20: Information for residents

The provider had ensured that all relevant information was available in the centre but also provided in an accessible format for residents based on their assessed needs.

Judgment: Compliant

Regulation 7: Positive behavioural support

The provider had appropriate systems were in place to respond to behaviours of concern. All staff were trained in the management of behaviours of concern at the time of the inspection. From a review of a sample of personal plans, the inspector saw a descriptive behaviour support plan that clearly outlined the residents' support needs, likes, dislikes and preferences.

Judgment: Compliant

Regulation 8: Protection

There were systems in place to ensure that residents were protected from all forms of abuse. All staff were in receipt of training in safeguarding and knew how to respond and report any concerns or allegations of abuse in the centre. At the time of the inspection, there were no active safeguarding plans in place.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents' rights were promoted in the centre and that the service in place was very person-centered and all residents were facilitated with

individualised staffing to access their local community and complete activities of their preference.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 33: Notifications of procedures and arrangements for periods when the person in charge is absent	Compliant
Quality and safety	
Regulation 10: Communication	Compliant
Regulation 11: Visits	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 20: Information for residents	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant