



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

Issued by the Chief Inspector

Name of designated centre:	The Blossoms
Name of provider:	Nua Healthcare Services Limited
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	13 April 2022
Centre ID:	OSV-0008166
Fieldwork ID:	MON-0035142

About the designated centre

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

The Blossoms is a residential centre which supports up to four children between the ages of 12 and 18 who experience intellectual disability, autism and behaviours that challenge. The centre is based in a rural setting in North West County Dublin and is situated on a large site with gardens and outdoor spaces. The children residing in the centre attend school and are supported to access their local community through the supports provided by the staff team. The centre is made up of one large detached building which is divided into a main unit containing two resident bedrooms with en-suites, a large living room, a large kitchen/dining room, a utility room with separate toilet, a sun room and a staff office. There are two self-contained apartments within the centre also each of which contains a kitchen/living/dining room and a bedroom with en-suite. Both of the apartments have access to a garden space and one contains a stand alone sensory room in the garden area. All three sections of the centre have their own independent entrances. The centre is managed by a person in charge who is employed in a full-time capacity. They are supported by two deputy team leaders and a staff team made up of social care workers and assistant support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Wednesday 13 April 2022	10:20hrs to 16:10hrs	Thomas Hogan	Lead

What residents told us and what inspectors observed

The inspector found, from speaking with residents and staff members and from what was observed, that this was a well run centre which provided a good standard of care and support to those who were availing of its services. Residents were enjoying a good quality of life since they moved into the centre and appeared to be well supported and have their needs met through the services provided. They told the inspector that they were happy living in the centre and felt safe there.

During the course of the inspection, the inspector met with both residents who were living in the centre. They had moved into the centre in recent months and there were two other vacancies which the provider was planning on filling in the coming months. One of the residents was engaging in activities in their apartment with staff members and told the inspector that they were planning on visiting their family later that afternoon. They told the inspector that they were on a mid-term break from school and were enjoying the time off. The other resident was listening to music in the main living room of the centre and was planning on helping staff members with the preparation of a meal. They told the inspector that they were "happy in the centre" and like the staff members who were supporting them.

The inspector found that there was a warm and homely atmosphere in the centre where residents were encouraged to actively contribute to the day-to-day operations where possible. The centre was very clean throughout and well maintained. Residents had their own bedrooms and were encouraged to contribute to the choices made about furnishings and decoration of these spaces. There was appropriate outdoor recreational areas for residents to avail of and the centre was fully accessible to those availing of its services. There was generous communal and private space for residents to avail of and rooms were of a suitable size and provided for appropriate storage of personal belongings.

Members of the staff team were observed by the inspector to be respectful in their interactions with residents and to have treated them in a kind and patient manner. They were observed to act in a dignified manner through knocking on doors of bedrooms and bathrooms before entering and by speaking about residents and their needs in a sensitive and respectful way. The staff team knew the individual needs of residents very well including their preferences and methods of communication. The residents were observed to be very comfortable in the company of the staff team and communicated with them with ease. When one resident was asked about their favourite thing about the centre they replied by stating it was "the staff team".

There was evidence available to the inspector to demonstrate that the residents enjoyed a good quality of life while living in this centre. Residents were supported to engage in a wide range of meaningful activities including activities which reflected their preferences and wishes. One resident told the inspector that the staff team was going to support them to prepare dinner on Easter Sunday for a member of their family who was planning on visiting the centre. Other activities that the

residents engaged in included boxing classes, karting, clothes shopping, and trampolining. Residents had key workers appointed who met with them regularly and discussed a range of topics including activity planning, COVID-19, fire safety, complaints, safeguarding, general news, and staff rosters.

Overall, the inspector found that residents were experiencing a good quality of life while availing of the services of this centre. There were good outcomes for residents as a result of the services provided. The inspector found, however, that there were a number of areas which required some improvements to ensure that the registered provider was compliant with the requirements of the regulations. These included the staffing arrangements in place in the centre, ensuring that the policies set out as being required by the regulations were in place, the installation of emergency lighting in one section of the premises, and improving the overall standard of the assessments of need which were completed for residents.

The next two sections of the report 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 delivered.

Capacity and capability

This centre was well managed and there was good oversight of the care and support being delivered to residents. The findings of the inspection were positive and there was clear evidence to demonstrate that good quality services were being provided. Overall, there was good compliance with the regulations identified during the course of this inspection and where improvements were required, the registered provider had generally self-identified these needs through good oversight arrangements including local auditing and unannounced visits to the centre.

The inspector found that there was effective leadership by the person in charge and there were appropriate arrangements in place for the governance and management of the centre. The person in charge had a clear understanding and vision of the service to be provided. The centre was appropriately resourced to meet the collective needs of the residents availing of its services and there was a competent and confident workforce employed. There were a clear management structure in place and effective management systems had been implemented to allow for oversight of the care and support being delivered.

A review of staffing arrangements found that the staffing allocation for the centre as outlined in the centre's statement of purpose was not in place in practice. Staff duty rosters for a one month period were reviewed and were found to have a deficit of approximately 3.25 full time equivalents (FTE) which equated to approximately 126 hours per week. The inspector found that there was some reliance on relief staff to supplement the core staff team employed in the centre. In the one month period reviewed, relief staff were found to have worked over 11 per cent of the total hours

restored. The inspector was assured, however, that continuity of care and support was maintained through the rostering of regular relief staff for these shifts.

There were significant levels of training and development in place for staff members. A review of training records found that all staff, including relief staff members, had completed the training outlined as required by the registered provider. Training included fire safety, safe administration of medication, manual handling, children first, safeguarding vulnerable adults, assessment of risk, basic first aid, hand hygiene, infection control, donning and doffing of personal protective equipment, food hygiene, intimate care, and supporting persons with autism. There were appropriate arrangements in place for the supervision of the staff team and regular one-to-one supervision meetings were taking place with all staff members along with monthly team meetings.

Regulation 14: Persons in charge

There was a full-time person in charge employed in the centre who was found to be suitably skilled, qualified and experienced to manage the centre. The inspector found that the person in charge was appropriately engaged in the governance, operational management and administration of the centre on a regular and consistent basis.

Judgment: Compliant

Regulation 15: Staffing

While the inspector found that the centre was appropriately resourced, there was a lack of clarity on the part of the provider about the agreed staffing allocations for the centre. The staff roster reviewed for an four-week period found that the allocation of staffing was lower than that outlined in the centre's statement of purpose. In addition, staff rosters maintained in the centre were found not to contain the grades of staff members, the name of the centre, and did not identify who was acting as shift leader in the absence of the person in charge.

Judgment: Substantially compliant

Regulation 16: Training and staff development

There was evidence to demonstrate that staff members had received ongoing training as part of their employment in the centre which included training on the specific support needs of residents. There were appropriate arrangements in place

to ensure that the staff team were supervised and supported in their roles.
Judgment: Compliant
Regulation 19: Directory of residents
A directory of residents was maintained in the centre and the inspector found that this was up to date and contained all required information.
Judgment: Compliant
Regulation 23: Governance and management
The inspector found that there were effective governance and management arrangements in place to ensure the the delivery of good quality person-centred care and support. There was a strong leadership in place and the person in charge, person participating in management and team leader demonstrated that they were competent and were knowledgeable of the legislation, regulations, national policy and their statutory responsibilities. An unannounced visit to the centre had been completed by the registered provider as required by the regulations.
Judgment: Compliant
Regulation 24: Admissions and contract for the provision of services
The inspector found that admissions to the centre were completed in line with the statement of purpose and appropriately considered the wishes, needs and safety of residents. Written contracts for the provision of services were in place.
Judgment: Compliant
Regulation 3: Statement of purpose
The centre's statement of purpose (dated 13 April 2022) was reviewed by the inspector and was found to contain all requirements of Schedule 1 of the regulations.

Judgment: Compliant

Regulation 4: Written policies and procedures

A number of Schedule 5 policies required by the regulations were not in place in the centre at the time of the inspection. These included:

- a policy on communication with residents,
- a policy on the creation of, access to, retention of, maintenance and destruction of records, and
- an education policy which complies with relevant legislation in respect of the education needs of children with disabilities.

Judgment: Substantially compliant

Quality and safety

The inspector found that the resident group who were availing of the services of this centre appeared to receive care and support which was of a good standard, delivered through a person-centred approach, and safeguarded individuals from experiencing abuse. The residents were supported to live active, meaningful and rewarding lives through the supports which they received where possible.

Residents were appropriately protected from experiencing incidents of a safeguarding nature in the centre through the practices of the staff team and local policies. Staff members had completed children first and safeguarding training and had developed a good understanding of the various types of abuse and the actions to be taken in the event of abuse occurring. Alleged incidents of a safeguarding nature which had occurred in the centre had been appropriately followed up on and investigated in line with local and national policies and there were safeguarding plans in place where they were required.

There was evidence to demonstrate that residents' social care needs were being met through the supports provided. Residents were observed to be supported to engage in a wide range of activities and social outings which reflected their ages, needs and wishes. They were supported to maintain good relationships with their families and wider support networks. Supports were in place for residents to attend school during term times and the staff team had developed professional relationships with teachers and representatives of the schools to ensure the best possible outcomes were achieved.

Regulation 20: Information for residents

There was a residents' guide in place in the centre (dated 13 April 2022) which was available to residents. The inspector found that this document contained all required information as outlined in the regulations.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that the residents were protected from healthcare infections by adopting procedures consistent with current public health guidelines. The inspector found that the staff team were wearing personal protective equipment (PPE) in line with public health guidance and there were sufficient hand sanitising stations in the centre. There were regular audits being completed along with infection prevention and control self assessments. There were good levels of PPE available in the centre and there was a COVID-19 outbreak management plan in place.

Judgment: Compliant

Regulation 28: Fire precautions

There was a fire alarm and detection system in place in the centre along with appropriate fire containment measures. There was evidence to demonstrate that residents and staff members could be evacuated from the centre in a timely manner in the event of a fire or similar emergency. Personal emergency evacuation plans which were in place did not provide appropriate guidance on the individual needs of residents in the event of a fire, however. While there was emergency lighting fitted in the centre, this did not extent to one area which contained an egress route.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector reviewed assessments of need which had been completed for residents and found that needs were not clearly identified or summarised. There were some needs identified such as an individual requiring one-to-one care, however, this was not in place for the resident in practice. This raised some

concerns about the accuracy of the assessments which had been completed. In addition, it was difficult to determine if there were support plans in place to meet the needs of residents as the needs had not been clearly identified through the assessment process.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector found that the registered provider and the person in charge demonstrated a high level of understanding of the need to ensure the safety of residents availing of the services of the centre. Residents told the inspector that they felt safe living in the centre and knew how to communicate any concerns that may arise. The staff team were aware of the various forms of abuse and the actions required on their part if they ever witnessed, suspected or had allegations of abuse reported to them.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence to demonstrate that residents were supported to exercise their rights; were included in decision making processes about their care and support; and were supported to exercise choice and control over their daily lives while availing of the services of the centre where possible.

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	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	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 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Blossoms OSV-0008166

Inspection ID: MON-0035142

Date of inspection: 13/04/2022

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: 1) The Statement of Purpose for the Centre shall be maintained by the PIC in line with the skill mix. [20/05/2022] 2) The PIC will ensure that the roster in place identifies the Centre name, shift leader. [20/05/2022]	
Regulation 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: 1) Policy and procedure on children's education has been implemented in the service. [20/05/2022] 2) Policy and procedure on communication was revised incorporating information relating to the provision of supports to meet communication needs of Individuals. [19/05/2022] 3) Policy and procedure on destruction of records has been included as a schedule 5 policy [19/05/2022]	
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) Personal emergency evacuation plans for residents were reviewed by the Person in Charge. [13/05/2022] 2) Emergency lighting was reviewed and a additional emergency light was installed in the Centre. [20/05/2022] 	
<p>Regulation 5: Individual assessment and personal plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <ol style="list-style-type: none"> 1) PIC has reviewed in full comprehensive needs assessment for each resident [18/05/2022] 2) Following the 12-week review meeting, the comprehensive needs assessment for Individuals will undergo a full review or when required [18/05/2022] 3) Following review of the comprehensive needs assessment, an additional specific health management plan has been implemented in the Centre for one resident. [19/05/2022] 	

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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Substantially Compliant	Yellow	20/05/2022
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota, showing staff on duty during the day and night and that it is properly maintained.	Substantially Compliant	Yellow	20/05/2022
Regulation 28(2)(b)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	13/05/2022
Regulation	The registered	Substantially	Yellow	20/05/2022

28(2)(c)	provider shall provide adequate means of escape, including emergency lighting.	Compliant		
Regulation 04(2)	The registered provider shall make the written policies and procedures referred to in paragraph (1) available to staff.	Substantially Compliant	Yellow	19/05/2022
Regulation 05(1)(a)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out prior to admission to the designated centre.	Substantially Compliant	Yellow	18/05/2022
Regulation 05(1)(b)	The person in charge shall ensure that a comprehensive assessment, by an appropriate health care professional, of the health, personal and social care needs of each resident is carried out subsequently as required to reflect changes in need and circumstances, but no less frequently than on an annual basis.	Substantially Compliant	Yellow	18/05/2022
Regulation 05(4)(a)	The person in charge shall, no	Substantially Compliant	Yellow	18/05/2022

	later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).			
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