



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

## Issued by the Chief Inspector

Name of designated centre:	Broadleas
Name of provider:	KARE, Promoting Inclusion for People with Intellectual Disabilities
Address of centre:	Kildare
Type of inspection:	Unannounced
Date of inspection:	12 July 2022
Centre ID:	OSV-0001983
Fieldwork ID:	MON-0035179

## About the designated centre

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

Broadleas is registered to provide respite support for up to four adults over the age of eighteen years with an intellectual disability. The centre is located in Co. Kildare and is a dormer bungalow located in a rural setting. There are four bedrooms for the use by service users and two bedrooms for the use of staff. There are also two sitting rooms and a kitchen dining area for use by residents. There is ample external grounds for residents to access throughout the year. Residents are supported by direct support staff at any time during the day and night. Individuals staying in Broadleas may have a broad spectrum of support needs which range from requiring minimum support with daily activities/personal care to those requiring a high level of support with daily activities and personal care.

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

Number of residents on the date of inspection:	1
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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 12 July 2022	11:45hrs to 19:00hrs	Gearoid Harrahill	Lead

## What residents told us and what inspectors observed

During this unannounced inspection, the inspector met with the service user currently availing of a respite break as well as their support team, and reviewed feedback and notes related to other service users who had just left their respite stay in the designated centre at the time of the visit. Staff explained the purpose of the visit before supporting the service user with their afternoon and evening activities.

The service users explained, through speaking with the inspector or using the feedback at the end of their stay, what they enjoyed doing while in the house. This included helping around the kitchen, going on outings, socialising with staff and going into the local community for shopping or meals out. Residents commented that they enjoyed activities such as swimming and cycling. Staff were supporting preparations for upcoming events in their day services. The inspector observed personal and friendly staff interactions during the day.

The house was suitably laid out for the number and needs of the service users. Recent renovations had taken place to enhance accessibility for service users who used wheelchairs or other mobility equipment to navigate. Each service user was accommodated in private single rooms and had adequate space in which to store their clothes and belongings. Service users had access to multiple communal spaces in which they could watch television and movies, play video games or use the house computer. Service users had access to a large back garden, however improvement was required to clear the garden of potentially dangerous material leftover from recent renovations outside as well as to remove or replace disused playground equipment. The appearance of the front garden of the house was negatively affected by the lack of parking space requiring cars to park on the lawn. There was also some maintenance matters which impacted on the appearance of the house, which will be described later in this report.

Residents had access to a range of healthy meal choices in the house as well as preferred snacks and takeaway options. The inspector observed staff giving choices for what to have for that evening's dinner.

The inspector was provided with some examples of simple feedback surveys on what residents liked about their stay, and what they would like done differently on their next visit. While this gave some information on some service users' experiences in the designated centre, improvement was required in ensuring the commentary and feedback of the service users and their representatives contributed to the provider's assurance of the quality of their service.

The next two sections of this 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

The inspector found that the service was suitably resourced with staff and equipment to deliver support for service users' assessed needs. Improvement was required to ensure that where areas in need of improvement or development were identified, they were addressed within a timely fashion. Enhancement was also required in how the provider used the feedback and experiences of service users and their representatives in their appraisal of the quality of service.

The provider had conducted detailed audits of the designated centre, assessing their compliance in staffing resources and training, quality of premises, structures for medication management, care planning and incident reporting. While the provider had identified a number of areas for improvement with time bound actions within which they would be addressed, at the time of the inspection many of the actions had passed their planned completion date and had not been progressed or commenced. The provider had also not addressed actions from the findings of previous inspections within their own stated timeframes. Despite the findings of the provider's own audits and comprehensive list of works to come into compliance, contradictory information was presented in the annual report for the designated centre, which instead presented the service being in full compliance with the regulations. The annual report also contained no evidence that it had been written in consultation with residents and their representatives.

The inspector found that staffing numbers and skill mix was appropriate for the number and needs of service users. At the time of inspection, the provider was in the process of recruiting to fill vacancies, and utilised relief and support personnel in the meantime in a manner which retained continuity of support in the house. Some improvement was required in the provider identifying the mandatory training requirements of staff and how staff were supervised. However, of the training sessions recorded by the centre management, there had been an overall good attendance level in training such as fire safety, safeguarding, positive behaviour support and management of medicines, and where gaps were identified, action was taken to arrange staff to attend refresher courses.

## Regulation 15: Staffing

While there were some vacancies in the staffing complement for the designated centre, the relief and support arrangements were found to provide sufficient continuity of support for the service users. Staff members who met with the inspector demonstrated a good working knowledge of the assessed needs, personalities, hobbies and interests of the service users.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had a means of tracking and auditing attendance at training by the front-line team, and identify where people were required or overdue to complete sessions. There had been a high level of completion among the team in training sessions such as positive behaviour support, fire safety, safeguarding of vulnerable adults and medication management. However, it was not clear from the provider's policy what skills and training the staff team were required to attend as mandatory in this designated centre, and what the structures were for formal supervision with their respective line managers.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The directory of residents was available and included the information required under the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The provider had conducted comprehensive audits against the regulations and had identified actions for attention, deficits in compliance with their regulatory requirements, and areas in which the service could be further developed to enhance service quality. However, a substantial number of actions were still outstanding, or had not commenced, in some cases by several months beyond their target completion date, with no evidence available of a revised timeframe or update in their progress. There were also actions which remained outstanding from previous inspection reports.

The provider had published their annual review of the service (dated January 2022) which was centred around regulatory compliance. However, the provider had reported full compliance in almost all regulations in this document, which did not reflect the findings of their own audits and quality reviews. There was also no evidence in this report that it had been written in consultation with the respite service users and their representatives, with spaces set aside to reflect on their experiences, commentary and feedback collected over the year left blank.

Judgment: Not compliant

### Regulation 24: Admissions and contract for the provision of services

Written and signed service agreements between the provider and the service user, or their representative, was available for review. The provider had outlined the terms and conditions of the service and the associated fee structures.

Judgment: Compliant

### Regulation 31: Notification of incidents

A record of incidents was maintained in the designated centre and those requiring notification to the Chief Inspector had been submitted within the timelines required by the regulations.

Judgment: Compliant

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

The Chief Inspector was notified by the provider when a period of absence of the person in charge exceeded 28 days.

Judgment: Compliant

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

During a period of absence of the person in charge, arrangements for the management and running of the designated centre were notified to the Chief Inspector.

Judgment: Compliant

### Regulation 34: Complaints procedure



Residents and families were made aware of the complaints procedure. The detail of complaints raised was recorded objectively and with respect to the person's concerns. Details of conversations following complaint review was recorded, as well as discussions with the team, or learning towards service improvement.

Judgment: Compliant

## Quality and safety

The inspector found evidence to indicate how residents were supported to exercise their choices and pursue their preferred activities and routines during their respite stay. The provider had ensured that staff were suitably briefed on delivering on support needs, including with meals, medicines, and emergency procedures, and had structures in effect to gather feedback on how people using the service enjoyed their time in the house. Improvement was required in some areas of upkeep and cleanliness of the centre, as well as in ensuring the service was in compliance with fire safety requirements.

The house was suitably laid out and decorated for the number and assessed needs of residents, including bedrooms and bathrooms allocated for use by people requiring mobility support or equipment. Bedrooms and living rooms were pleasantly decorated and equipped with items for activities. Some parts of the service had been identified by the inspector as well as by the provider's own audits as in need of repair, replacement or cleaning. There was also a large amount of material and equipment due for disposal in the garden area of the premises including sharp or rusted items. Improvement was also required to ensure that evacuation routes were suitably contained against the spread of fire and smoke.

The rights, choices, and dignity of service users was observed to be respected during their stay. Where actual or suspected incidents of concerns were reported, investigation took place to ascertain the facts and develop plans to ensure the safety and security of the resident in the service.

Residents had access to healthy meal options as well as snacks and local eateries they enjoyed. The cupboards and fridge were well-stocked and all items were labelled when opened.

Staff practiced safe and suitable process for administering, storing, recording and disposing medicines in the centre, and had stock-checking processes to ensure that all required medicines arrived to the service from the service users' homes or other services.

## Regulation 11: Visits

Visitors could come and go from the designated centre and a record was kept of those entering the house. Visiting was risk-assessed with the majority of restrictive control measures introduced during the COVID-19 pandemic retired or replaced with general precautions in accordance with national recommendations.

Judgment: Compliant

### Regulation 17: Premises

The premises was suitable in its size, layout and design for the number and support needs of residents, with some developments made since the previous inspection to enhance accessibility for people using wheelchairs and mobility equipment.

The house was suitably furnished and decorated, with some improvements required to the general and cosmetic maintenance of the property, including but not limited to the following examples:

- Bathroom tiles which were broken, had holes and wall plugs remaining from removed fixtures, or had some build-up of mildew.
- Rough or unfinished surfaces in bathroom spaces requiring painting or sealing.
- Areas around the house in which the floor covering was damaged.
- Some doors around the house were cracked.

The inspector observed a lot of waste material left in the garden from renovations to the patio of the premises, including wooden panels, fence parts, concrete slabs and balusters, empty paint cans, and disused play equipment and picnic table parts. Some of these had sharp parts such as wood shards, rusted metal or exposed nails/screws which could pose a safety risk.

There was a storage area to the rear of the premises which mostly contained old and disused furniture and items for disposal, but was also used to store a food freezer and a hoist, and this area was not clean.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

The provider had access to assessments for safe eating, drinking and swallowing, and had outlined personal risk controls in response to choking incidents. For residents who required assistance, supervision or specific food types, staff were provided clear guidance on these control measures. Residents had access to healthy and varied meals and snacks in the house, as well as their preferred takeaways and

restaurants in the community.

Judgment: Compliant

### Regulation 27: Protection against infection

For the most part, the house was clean, with bedrooms, kitchen spaces and living rooms routinely cleaned by the front-line team as per a daily schedule and set of cleaning and disinfecting guidance. Staff were wearing appropriate face coverings during the day. Other infection control measures such as pest control devices and routine flushing of drains were in situ in the designated centre. A member of staff had been identified to relay new information and precautions from the provider to the front-line team.

Some items, primarily in bathrooms, were not captured by the cleaning regime, such as window surrounds, light fixtures, high corners and extractor fans which had a build-up of dust and cobwebs, as well as shower chairs which were not clean on their undersides and had hair tangled in the wheels. There was also a storage area for a hoist which was not clean, and the hoist itself was not clean and had damaged parts held together with duct tape. Hand sanitising gel dispensers were mounted on the wall but some of these were empty and broken. Some infection control measures described in the risk register such as routine staff temperature checks had not been updated to reflect the decision to retire these practices.

Some improvement was required in the storage of mops and buckets when not in use. After the morning cleaning routine and throughout the day, mops were standing in buckets of grey water, instead of being emptied out and stored clean and dry, to be ready for their next use. Mop poles were also covered in peeling sticky tape, preventing them from being effectively sanitised.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Doors along fire evacuation routes were not equipped with adequate containment features to prevent the spread of fire and smoke. Doors were not rated to contain fire, or lacked smoke seals or the ability to automatically close, with some doors also having air gaps in the frames when closed. While some doors in the house were equipped to contain fire and smoke, the inspector observed wedges used to hold them open instead of using a means which would not compromise the containment feature.

The provider had installed external evacuation doors and ramps to allow residents

with increased mobility requirements to be assisted to evacuate safely and efficiently. Practice evacuation drills took place regularly and provided assurance to the service provider that staff and service users could evacuate promptly.

Judgment: Not compliant

### Regulation 29: Medicines and pharmaceutical services

The provider had procedures in effect to ensure that service users arriving into the designated centre from day services and from home arrived with all correct prescriptions and medications.

The provider encouraged detailed reporting of incidents and near-misses related to medicine and took appropriate action to determine the cause and reduce risk of recurrence.

Judgment: Compliant

### Regulation 8: Protection

Where actual, suspected or witnessed incidents of concern had been reported to the provider, they had initiated their investigation process and notified or referred to the relevant outside parties.

Judgment: Compliant

### Regulation 9: Residents' rights

The inspector found evidence of how service users' choices, feedback and commentary was used in the operation of the designated centre and their support structures. Residents were provided opportunities to access their preferred activities and go on community outings while availing of the services of the designated centre

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	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
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Protection against infection	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Broadleas OSV-0001983

Inspection ID: MON-0035179

Date of inspection: 12/07/2022

## 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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:  Mandatory training requirements, including refresher period, will be included in the training and development policy which will be updated and finalized prior to the end of October 2022.</p> <p>The documented location for on site specific training needs which will be clarified by October 2022 and implemented in each location across the organization. This will be identified in the Training and development policy.</p> <p>Organization planning for Supervision for staff will be agreed and implemented in line with our performance management process prior to the end of November 2022.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p>	

Annual review process will be updated and implemented by the January 2023.

Awareness support on how to complete the annual review effectively will be completed by the 6th October 2022 will be completed with leaders in this location.

Audit actions will be reviewed and reprioritized as well as achievable timelines identified by the end of September 2022. All actions will be completed by the end of March 2023.

Regulation 17: Premises

Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:  
Removal of garden waste materials completed on 10th August 2022.

Bathroom tiles will be repaired by the end October 2022.

Bathroom wooden presses will be painted by the end of October 2022.

Damp patch on window upstairs will be addressed by the end of October 2022.

Issue identified in bedroom 5 around damp will be investigated and addressed by the end of October 2022.

Picnic table will be refurbished or replaced by the end of October 2022.

Garage emptied on the 6th August 2022 and a deep clean has been scheduled to be completed in the garage on the 15th September 2022.

Paint will be completed where hand sanitizer units were removed by the end October 2022.

Damaged doors will be addressed as part fire door installation by the end of December 2022.

Windows will have required restrictors added by the end of November 2022.

Desk unit in downstairs staff room will be replaced by the end of November 2022.

Regulation 27: Protection against infection

Substantially Compliant



<p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:</p> <p>Mop labels removed on 1st August 2022.</p> <p>Cleaning list updated on 1st August 2022.</p> <p>Hoist was replaced on the 28th July 2022.</p> <p>Hand sanitizer dispensers were removed on the 18th August 2022.</p> <p>Hoist storage relocated on the 28th July 2022.</p> <p>Risk register updated to remove infection prevention and control practices no longer in use on the 12th August 2022.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Funding has been sourced for fire doors and this location has been prioritized to be completed with installation of fire doors in all necessary doors prior to the end of December 2022.</p> <p>Wedges have been discontinued for use on the 28th July 2022.</p>	

## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	31/10/2022
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/11/2022
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/11/2022
Regulation 17(1)(c)	The registered provider shall ensure the premises of the	Substantially Compliant	Yellow	30/11/2022

	designated centre are clean and suitably decorated.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/11/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	06/10/2022
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	31/01/2023
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Not Compliant	Orange	31/01/2023
Regulation 27	The registered provider shall ensure that residents who may be at risk of a	Substantially Compliant	Yellow	18/08/2022

	healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.			
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	31/12/2022