### Compliance Monitoring Inspection report

**Designated Centres under Health Act 2007, as amended**

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>Broomfield</th>
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<tbody>
<tr>
<td>Centre I D:</td>
<td>OSV-0003988</td>
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<tr>
<td>Centre county:</td>
<td>Louth</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 38 Arrangement</td>
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<tr>
<td>Registered provider:</td>
<td>St John of God Community Services Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>Clare Dempsey</td>
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<tr>
<td>Lead inspector:</td>
<td>Raymond Lynch</td>
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<tr>
<td>Support inspector(s):</td>
<td>Gary Kiernan</td>
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<tr>
<td>Type of inspection</td>
<td>Unannounced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>21</td>
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<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:
- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider’s compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:
- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority’s Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.
The inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

<table>
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<th>From</th>
<th>To</th>
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<tr>
<td>14 September 2016 20:00</td>
<td>14 September 2016 23:30</td>
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The table below sets out the outcomes that were inspected against on this inspection.

<table>
<thead>
<tr>
<th>Outcome 05: Social Care Needs</th>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 11: Healthcare Needs</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 17: Workforce</td>
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Summary of findings from this inspection

Background to inspection:
This was an unannounced triggered inspection after the Health Information and Quality Authority (HIQA) received unsolicited information about the centre which required further investigation.

The inspection also followed up on and assessed the progress the centre had made with implementing the actions arising from the last inspection in March 2016.

This inspection found that good progress had been made since the last inspection and many of the non-compliances had been adequately addressed. The inspectors also noted that no evidence was found to substantiate the claims made in the unsolicited information received by HIQA.

However, the centre remained significantly challenged in meeting some of the assessed social care needs of the residents and some issues regarding the management of risk required further review.

How we gathered our evidence:
The inspectors had the opportunity to briefly meet with all 21 of the residents in the centre. Two residents spent a little time with one of the inspectors and appeared happy to do so.
The inspectors also spoke with five care assistants, two staff nurses, the person in charge, the director of care and support and to the nurse on call. Some of the staff were spoken with at length, whereas others were spoken with more briefly.

Policies and documents were also viewed as part of the process including a sample of social care plans, risk assessments and fire documentation.

Description of the service:
The centre comprised of six separate houses on a campus based setting which had the capacity to support 21 residents. It was located in County Louth just a short distance from a small town.

The town provided access to a range of amenities such as shops, restaurants, churches, barbers, a community based library, clubs and a broad range of community groups.

The town also had a frequent bus service, with direct links to Drogheda, Dundalk and Dublin.

Overall judgment of our findings:
Inspectors visited this centre in the evening time. There was evidence of good systems in place to meet residents' health care needs. Interactions between staff and residents were observed to be warm and caring. However, as described in Outcome 5, practices within the centre were not focussed on meeting residents' social care needs, especially in the evening time.

This inspection found that the centre had made good progress in addressing the issues of non-compliance found in the last inspection last March 2016. Of the seven outcomes assessed four were found to be compliant including workforce, governance and management and healthcare needs. A major non-compliance was found in social care needs and safeguarding was found to be moderately non compliant.

The outcomes assessed are further discussed in the main body of the report and in the action plan at the end.
**Outcome 05: Social Care Needs**

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
Some action(s) required from the previous inspection were not satisfactorily implemented.

**Findings:**
Inspectors found that the wellbeing and welfare provided to the residents continued to improve and from a small sample of files viewed, residents had individual health, personal and social care plans in place.

However, and as identified in past inspections, issues remained with regard to maintaining community based social activities on a regular basis and in supporting the achievement of meaningful goals for the residents.

The inspectors observed that many residents had individual and complex needs and health and social care plans were personalised to reflect this. As found in the last inspection each resident was actively involved in the review of their personal plan and in outlining their own social goals. Family members were also kept informed and invited to be involved in the personal planning process.

Where a resident or family member opted out of participating in personal plans, records were kept of same. Care plans were reviewed on a regular basis with input from a multi disciplinary team when and where required.

However, on arrival to the centre at 8pm the inspectors observed that most residents were in their night wear and supper was being prepared.

There were no social activities organised that evening for any of the 21 residents. While the residents did have a range of activities to choose from during day time hours, there...
were challenges in using the local nearby facilities such as pubs, social clubs and amenities past 8pm.

The inspectors observed that the staffing arrangements in place from 8pm onwards were not conducive in providing regular evening community based activities for the residents.

It was also observed that some of the goals identified in the person centred plans were basic in nature and easily achievable. Yet the timeframe for their proposed achievement did not reflect this. For example, one resident as part of their person centred plan had identified that they would like to buy a chair and some picture frames.

The time frame given to achieve this goal was four months. The inspectors brought this to the attention of the person in charge who said that he would look into this as a priority and address it.

**Judgment:**
Non Compliant - Major

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**Outcome 07: Health and Safety and Risk Management**

The health and safety of residents, visitors and staff is promoted and protected.

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
The previous inspection highlighted issues with regard to the management of risk in the centre and gaps in staff training related to fire safety.

This inspection found that improvements had been made in addressing these issues however, further work was required in identifying and managing risk across the entirety of the centre.

The centre had a risk register in place which was to identify, review and put steps in place to reduce the level of risk across the centre. While the register was found to be comprehensive, it was observed that one house was located one minutes walk away from the main centre. One staff member worked in this house alone in the evening time supporting four residents with significant and complex needs.

Although no adverse incidents had been recorded related to this house, more detail and information was required regarding how risk was being managed related to this specific house that comprised the centre, the staffing arrangements in place and how residents were being supported.
Inspectors reviewed the fire register and found evidence that the fire alarm, emergency lighting and extinguishers were being serviced as required.

Fire exits were unobstructed and the emergency lighting was seen to be operational on the night of the inspection. Fire drills were taking place at regular intervals and at varying times across the units that comprised the centre. Internal checks were also being carried out on fire equipment such as fire extinguishers and fire blankets.

All residents had personal evacuation plans in place which had been updated to reflect their individual support needs and as required from the previous inspection. This inspection also found that staff training records in fire safety were up to date.

**Judgment:**
Substantially Compliant

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**Outcome 08: Safeguarding and Safety**
*Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.*

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
Issues with regard to adequate support from some allied health care professionals and gaps in training for the management of challenging behaviour were identified in the last inspection. This inspection found that for the most those issues had been addressed however, some gaps still remained in the staff training of positive behavioural support.

Previous inspections found that up to date policies and procedures in place to protect residents from abuse. There was also a policy on safeguarding and this inspection found from a small sample of files viewed this inspection found that staff had up to date training in safeguarding of vulnerable adults.

There was also a policy in place on intimate care and the inspectors found that it provided staff with appropriate and adequate information on how best to support each resident whilst maintaining their dignity and respect. From a small sample of files viewed each resident had an intimate care plan on their individual files.
The previous inspection found that there was a policy in place for the provision of behavioural support. Where required, each resident had a positive behavioural support plan in place. From a small sample of files viewed positive behavioural support plans were being reviewed and updated as and when required.

Whilst most staff had up to date training in the management of challenging behaviour, the inspector observed that some staff required refresher training. The person in charge assured the inspector that a plan of action was in place to address this issue.

Some restrictive practices continued to be in use in the centre. However, they were found to be for the safety of residents rather than the management of specific behaviours that challenge or to pose unjustified restrictions for the person.

For example, a particular piece of clothing was worn as a protective measure by a resident. The restriction was closely monitored (daily) and it had been passed by the organisations rights committee. Its use was also monitored and recorded on a daily basis.

The inspectors observed that there was a standard operating procedure for missing persons available in the centre. While it was observed that this protocol had yet to be signed off by senior management, it was also observed that every resident had on their individual files clear and explicit instructions for staff to follow if a resident were to go missing.

**Judgment:**
Non Compliant - Moderate

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**Outcome 09: Notification of Incidents**

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

**Theme:**
Safe Services

**Outstanding requirement(s) from previous inspection(s):**
The action(s) required from the previous inspection were satisfactorily implemented.

**Findings:**
While reviewing the accidents and incidents log in previous inspections the inspectors observed some alleged notifiable incidents had not been notified to the Chief Inspector as required.

However, this inspection found that arrangements were now in place to ensure a record of all incidents occurring in the designated centre were maintained and, where required, notified to the Chief Inspector.
The person in charge clearly demonstrated his knowledge of his legal responsibilities to notify the Chief Inspector as and when required during the course of this inspection.

The inspector observed that since the last inspection the person in charge and provider nominee had notified HIQA as and when required and in line with the regulations.

**Judgment:**
Compliant

**Outcome 11. Healthcare Needs**
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
A small sample of files viewed informed the inspectors that the inspectors that the resident's health needs were being met in a timely manner.

Residents had access to GP services and there was evidence to show appropriate treatment and therapies were in place to address their health care needs as and when required.

From a sample of files viewed, residents had an overall health assessment review on an annual basis, including a full physical examination by the residing GP. This included a complete review of each resident's mobility, communication needs, hearing, central nervous system and respiratory system.

Residents also had access to other allied health care professionals such as dentists and optician as and when required. Specialist conditions such as epilepsy were also reviewed on a regular basis.

For example, one resident with epilepsy had a care plan in place for the management of the condition which was reviewed annually or sooner if required. Staff working with this resident were able to vocalise to the inspectors how to put the residents care plan into action if required.

It was also observed that where a care plan was drawn up by an allied health care professional, it was being adhered to by staff. For example, one resident recently had an exercise programme drawn up by a physiotherapist. The inspectors observed that this exercise programme was implemented on a daily basis by the staff supporting the resident.
Mental health and wellbeing of the residents was also being provided for. For example, where a resident required the support of a behavioural specialist or psychiatrist, this support was provided as and when required.

On the evening of this inspection the inspectors observed staff supporting residents to have their support. Staff were observed to be respectful during this time and took into account the residents individual needs.

**Judgment:**
Compliant

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**Outcome 14: Governance and Management**

*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
No actions were required from the previous inspection.

**Findings:**
The inspectors found that there were suitably experienced and qualified staff with clear lines of authority and accountability working in the centre on the evening of the inspection.

The person in charge facilitated the inspection throughout the evening along with the support of his staff team and the director of care and support.

The person in charge demonstrated a good knowledge of the management of the centre and regulations. He demonstrated an understanding of organisational policies, procedures and regulatory responsibilities and also had an intimate knowledge of the residents living in the centre.

It was also found that he had put systems in place to address most of the areas of non-compliance identified in the previous inspection.

The person in charge worked in a full-time capacity in the centre and informed the inspectors that he would soon be supported in his role by the appointment of a new clinical nurse manager. There was also an on call nurse manager who was contactable in order to provide out of hours support to the centre.
The last inspection informed that an annual review of the quality and safety of care in the centre had been carried out for 2015 - 2016. Unannounced visits and internal audits from the provider or persons nominated by the provider were also conducted. These were not viewed as part of this inspection.

As with the last inspection, the inspectors felt assured that the person in charge and his staff team had been working steadily towards addressing the issues of non-compliance found during previous inspections. Although some issues still remained, inspectors were satisfied that management and staff were continuing to improve outcomes for the residents living in this centre.

Judgment:
Compliant

Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

Outstanding requirement(s) from previous inspection(s):
The action(s) required from the previous inspection were satisfactorily implemented.

Findings:
While the workforce arrangements within the designated centre had improved since the last inspection it was observed that staffing arrangements required review to ensure that all residents received sufficient social activation.

This was further discussed and actioned under outcome 5: health and social care needs.

There was a team of registered nurses working in the centre and a team of health care assistants. The person in charge informed the inspector that all staff had completed mandatory and relevant training in line with regulation.

From a sample of files viewed, staff had up to date training in safeguarding, manual handling, fire safety and positive behavioural support.

This was a requirement from the last inspection for the staffing arrangements to be reviewed in one house that comprised the centre as the inspectors felt the current arrangements were not safe. Since that inspection an additional staff was made available in that specific house from the hours of 8pm to midnight. Inspectors met with
The inspector observed that residents received assistance in a dignified, timely and respectful manner. Warm and caring interactions were observed between the staff and residents. From observing staff in action it was evident that they were competent to deliver the care and support required by the residents.

As this was an evening inspection staff files and supervision records were not viewed on this occasion.

**Judgment:**
Compliant

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**Closing the Visit**

At the close of the inspection a feedback meeting was held to report on the inspection findings.

**Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

**Report Compiled by:**

Raymond Lynch
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

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<thead>
<tr>
<th>Centre name:</th>
<th>Broomfield</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0003988</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>14 September 2016</td>
</tr>
<tr>
<td>Date of response:</td>
<td>12 October 2016</td>
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Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 05: Social Care Needs

Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The centres arrangements in place in order to meet the assessed social care needs of some residents required review.

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
1. **Action Required:**
Under Regulation 05 (2) you are required to: Put in place arrangements to meet the assessed needs of each resident.

**Please state the actions you have taken or are planning to take:**
The Registered Provider and PIC will ensure that:
1. All social goals are reviewed & updated to ensure residents’ community based preferences are documented in a systematic, measured, attainable, realistic and timely (S.M.A.R.T) manner. 30th November 2016

2. A review of the staff rostering arrangements will occur to ensure that a schedule of evening activities is available to residents in line with their preferences and social goals. 31st January 2017

3. Social experiences of residents in the community will be monitored monthly so that required changes to meaningful day/evening schedules can occur to enhance community based social participation for residents as required. 30th November 2016

**Proposed Timescale:** 31/01/2017

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**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The risk management procedures did not adequately identify some risk and ways in which to mitigate that risk in one house that comprised the centre.

2. **Action Required:**
Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

**Please state the actions you have taken or are planning to take:**
The Registered Provider in conjunction with the PIC will:

1. Review the risk management policy for the designated centre and include additional detail regarding hazard identification and assessment of risk for all areas of the designated centre.

**Proposed Timescale:** 31/10/2016
Outcome 08: Safeguarding and Safety

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
Some staff members required refresher training in the management of challenging behaviour

3. Action Required:
Under Regulation 07 (2) you are required to: Ensure that staff receive training in the management of behaviour that is challenging including de-escalation and intervention techniques.

Please state the actions you have taken or are planning to take:
1. Review all staff members training records relating to behaviour management and complete a refresher training schedule to ensure all staff members receive training in the management of behaviour that is challenging including de-escalation and intervention techniques. 31st January 2017

The PIC will:
2. Review the training schedule monthly to ensure all training is attended as planned. 31st October 2016 - ongoing

Proposed Timescale: 31/01/2017