



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

Name of designated centre:	Broomfield Gardens
Name of provider:	St John of God Community Services Company Limited By Guarantee
Address of centre:	Louth
Type of inspection:	Unannounced
Date of inspection:	12 July 2018
Centre ID:	OSV-0003988
Fieldwork ID:	MON-0024288

About the designated centre

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

The designated centre is operated by Saint John of God Community Services Limited and provides 24 hour residential services to 19 people with intellectual disabilities over the age of 18. The designated centre is located in Co. Louth and consists of six units which are part of a larger campus setting. The campus is in a rural area with limited public transport links nearby. The centre is nurse led and staffing consists of nurses and healthcare assistants. The person in charge is full-time in the centre and is supported by clinic nurse managers. Residents have access to a range of allied health professionals. There is no formal day service on the campus and therefore staff in the centre support residents with meaningful activities during the day. Some transport is available for residents to access community facilities. The provider has plans to transition residents to a community setting as part of an overall de-congregation plan for the campus.

The following information outlines some additional data on this centre.

Current registration end date:	14/06/2021
Number of residents on the date of inspection:	19

How we inspect

To prepare for this inspection the inspector or 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
12 July 2018	09:30hrs to 18:00hrs	Anna Doyle	Lead
12 July 2018	09:30hrs to 18:00hrs	Conan O'Hara	Support

Views of people who use the service

On the day of inspection, the inspectors met all of the residents who were in the centre. Overall, the inspectors observed that residents appeared comfortable in their home and had warm interactions with staff. Some residents were unable to communicate their views to inspectors and some did not wish to engage with inspectors on the day of the inspections.

Capacity and capability

This inspection was in response to information received by the Health Information and Quality Authority (HIQA) and to follow up on the actions from the last inspection. Overall, the inspectors found that there were governance and management systems in place to monitor and review the services provided in the centre. However, given the findings of this inspection, inspectors were not assured that the centre had adequate resources in respect of premises and the availability of transport in the centre.

At the time of the inspection, there was a defined governance structure with clear lines of authority and accountability. There were several audits conducted to review the quality and safety of care such as health and safety, medication and infection control. An annual review had been completed along with a six monthly unannounced visit which was completed in May 2018. All actions from these reviews and audits conducted culminated in a quality enhancement plan for the centre which was reviewed regularly. Inspectors found that this enhancement plan demonstrated that actions were being addressed both from their own audits and the actions from the last inspection by HIQA. However, given some of the failings identified inspectors were not satisfied that these audits were adequate to effectively monitor services provided.

The person in charge was not in the centre on the day of this inspection and the inspection was facilitated by a clinic nurse manager and a member of the quality team.

From a sample of rosters viewed inspectors found that there was sufficient staff to support residents in the centre. However, staffing levels were not organised in a manner which met all of the assessed needs of the residents as evidenced at the last inspection. The provider was in the process of addressing this and had carried out a review of staffing levels in the centre. Part of this review included reducing the staffing levels at night time and redeploying the hours to the day time to ensure that residents' needs were being met. This had been risk assessed by

the management team and had also been discussed with the staff team in order to ascertain their views.

Training records viewed found that the provider was still in the process of addressing the actions from the last inspection and therefore some staff did not have up-to-date mandatory training including safeguarding vulnerable adults, fire safety and manual handling. A significant number of staff had also not completed training on positive behaviour support. The clinic nurse manager was able to demonstrate that a training schedule was in place to address this.

There were formal arrangements for the supervision of staff. Inspectors reviewed a sample of supervision records and staff spoken with noted that they felt supported in their role by the person in charge, clinic nurse managers and senior managers.

At the previous inspection, it was identified that not all residents had contracts of care in place and that contracts of care did not outline the fees to be charged or additional charges. The provider had updated the contract of care in response to this and the centre was in the process of attaining signatures from residents and/or their representatives as appropriate.

The inspectors reviewed a sample of incidents and found that the centre did not notify HIOA of a number of incidents as required by the regulations. These were in respect of allegations of abuse and related to the impact of some residents' behaviours of concern on other residents in the centre. These were submitted post inspection to HIOA.

Regulation 15: Staffing

Staffing levels were not organised in a manner which met all of the assessed needs of the residents. The provider was in the process of addressing this and had carried out a review of this.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Not all staff had up-to-date training in all mandatory training including safeguarding, fire safety, positive behaviour support and manual handling.

Judgment: Not compliant

Regulation 23: Governance and management

The centre was not adequately resourced in respect of the premises and the availability of transport in the centre. In addition, the audits in place were not adequate to effectively monitor services provided.

Judgment: Not compliant

Regulation 24: Admissions and contract for the provision of services

The contracts of care were updated to include additional charges. However, the centre was in the process of attaining signatures from residents and/or their representatives as appropriate.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The Statement of Purpose dated July 2018 contained all of the information as required under Schedule 1 of the Regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspectors identified that not all incidents were notified to HIOA as required. However, these were submitted post inspection.

Judgment: Compliant

Quality and safety

Overall, the inspectors found that improvements had been made to the quality and safety of the services provided to residents in the centre since the last inspection. However, improvements were still required particularly in relation to the premises to

ensure that they met the requirements of the regulations.

Inspectors reviewed the action plan submitted by the provider in relation to the premises from the last inspection. While some of this was still in progress, inspectors were informed that some of the actions would not be fully implemented due to budgetary constraints. For example, the provider had committed to removing cubicle toilets which inspectors were informed was now not been completed. Inspectors were also not satisfied that some of the remedial works would be to a high enough standard to meet the requirements of the regulations given that the provider was no longer able to meet their original commitment to close this centre by March 2019.

Areas of improvement observed included the removal of partition walls to ensure larger bedrooms for residents. One had been completed to a good standard at the time of this inspection. In addition, areas of the centre were unclean on the day of the inspection some of which included residents bedroom (this was addressed by the end of the inspection), kitchen areas and some toilet areas in the centre. Some of the furniture required replacement and inspectors were informed that this was being addressed when all renovation works were completed.

The inspectors found that improvements had been made to personal plans since the last inspection. For example, all residents now had a personal outcomes measures assessment in place. Goals had been identified for residents and records demonstrated that some residents had achieved some of the goals already. For example, one resident had been supported with their interest in gardening. Another resident was being supported to increase their independent living skills however, the recording of this required improvement in order to be able to demonstrate how the resident was progressing in this area. In essence, while there were still some improvements required in this area this had been highlighted through the quality enhancement plan.

As mentioned earlier in the report, inspectors found that access to buses was limited for some residents in order to develop links with the wider community. This issue had been brought to the attention of senior managers by staff and some actions had been taken to address this. However, one action included booking wheelchair accessible taxis for residents in the absence of transport. However, staff said that access to these taxis were very limited in the local community.

Inspectors found that the provider had taken steps to address concerns regarding a resident's placement identified at the previous inspection. This resident was being supported to move to a more suitable placement. On the day of inspection, three residents were in the process of transitioning to a new service. The inspectors reviewed a sample of transition plans and found that residents were supported to transition in a planned and safe manner and at their pace. For example, one resident was currently being supported to have short visits to their new community home so as to familiarise themselves with their new environment.

The previous inspection identified non compliance regarding communication support for residents. The inspectors found that a communication skills assessment had been carried out for each resident. The centre was in the process of implementing

the communication plans based on this assessment.

Positive behaviour support plans were in place for residents who required support in this area. The inspectors reviewed a sample of the plans and found they were up-to-date and guided staff for the most part on how to support residents. However, some interventions outlined in the behaviour support plans and associated risk assessments were not reflective of the practices in the centre, this was discussed at the feedback meeting.

The centre also had systems in place regarding the review of restrictive practices however, one restrictive practice which had been implemented in response to an identified risk had not been considered as a restriction and therefore was not reviewed as such.

There were safeguarding measures in place to protect residents from abuse or harm. Staff spoken to were clear on what constitutes abuse and the reporting procedures in place in such an event. However, as stated earlier in this report some incidents had not been considered abuse and there were no records to demonstrate that the reporting procedures had been followed in this regard.

The centre had medication management system in place and the inspectors reviewed a sample of medication practices. Improvements were required in relation to one practice identified as it was not in line with the service policy. The inspectors found that one prescription sheet for a resident was a photocopy of the original document and this had not been highlighted.

The action from the last inspection regarding offering choices to resident's at meal times was still in progress at the time of this inspection.

Regulation 10: Communication

A communication skills assessment had been carried out for each resident. The centre was in the process of implementing the communication plans based on this assessment.

Judgment: Substantially compliant

Regulation 12: Personal possessions

The person in charge was in discussions with a local financial institute to set up bank accounts for each of the residents to support residents to be manage their own financial affairs.

Judgment: Substantially compliant

Regulation 17: Premises

The premises required significant improvements in relation to furniture, painting, kitchens and bathrooms. In addition, the inspectors were informed that some of the planned improvement works submitted to the Authority in February 2018 will now not be completed such as removal of cubicles.

Judgment: Not compliant

Regulation 18: Food and nutrition

The action from the last inspection regarding offering choices to resident's at meal times was still in progress at the time of this inspection.

Judgment: Substantially compliant

Regulation 25: Temporary absence, transition and discharge of residents

The inspectors reviewed a sample of transition plans and found that residents were supported to transition in a planned, safe manner and at the residents pace.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

One prescription sheet for a resident was a photocopy of the original and this had not been highlighted by any staff.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The recording of progress in realising goals required improvement in order to be

able to demonstrate how residents were progressing in this area.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Interventions outlined in the behaviour support plans and associated risk assessments were not reflective of the practices in the centre.

One restrictive practice which had been implemented in response to an identified risk had not been considered as a restriction and therefore was not reviewed as such.

Judgment: Not compliant

Regulation 8: Protection

Some incidents had not been considered abuse and there were no records to demonstrate that the reporting procedures had been followed in this regard.

Judgment: Not compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 10: Communication	Substantially compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Not compliant
Regulation 8: Protection	Not compliant

Compliance Plan for Broomfield Gardens OSV-0003988

Inspection ID: MON-0024288

Date of inspection: 12/07/2018

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
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>Management of the Designated Centre have completed review of staff rosters to optimize Staffing resources to meet the assessed needs of residents. The process of roster changes in consultation with staff has commenced in line with the agreed procedures in place with trade unions.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Review of Staff Training records for mandatory training in Safeguarding, Fire Safety , Manual Handling and Positive Behaviour Support. 12 staff have completed training courses since the inspection took place. 5 staff still require Mapa/breakaway training, 4 staff who need a refresher in fire safety, 2 staff due manual handling update , 1 staff require BLS and 1 staff member for positive behavioural support. All staff have been book into forthcoming scheduled training courses</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> <p>Renovation works were being completed in houses in the Designated Centre as described in the report. These works have now been completed, plan of additional renovation works was provided to the inspector during the inspection and a plan of painting and decoration has been subsequently devised and forwarded to Senior Management for</p>	

addition to building maintenance schedule.

There are two wheelchair accessible buses assigned for exclusive use in this designated Centre. A schedule is in place to share the transport fairly for residents in all houses in the Centre. Arrangements are also in place with another Designated Centre who do not regularly use their house transport before lunchtime each day, this provides Broomfield with a third transport each morning to increase opportunity for community based activities. Further arrangements are in place with one of the St. John of God day services for use of a bus after 5:00pm each evening and at weekends. These arrangements for the additional transport to the two assigned Broomfield buses has greatly enhanced ability to plan activities for individual residents in local community settings growing links with members of the community as well as achieving Social Goals identified during Personal Outcomes Measures Assessment / Person Centered Plan. The Service also has accounts with a number of Taxi/mini bus companies in the local area who have wheelchair access. A review of transport on campus will be complete in Sept/Oct following the closure of DC centres within the campus setting |

Regulation 24: Admissions and contract for the provision of services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:

When Contracts of Care were revised to include additional charges and were sent to Next of Kin of residents for their signature. A log of family members who were sent the Contract of Care was established and as signed copies were returned a record of this was entered onto the log. Outstanding Contract of Care as yet not returned will be followed up with further correspondence to remind next of kin to sign and return the contract.

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Regulation 10: Communication	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 10: Communication:

Based on the communication assessment already completed with each resident, communication plans will be developed and implemented to support each resident with their communication needs.

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Regulation 12: Personal possessions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 12: Personal possessions:

Each resident has a savings account and a current account with the Bank in the nearby town. Application is being made to a local Credit Union for accounts to be opened for individual residents to support residents to be more involved in the management of their own finances.

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Some new furniture has already been provided; other furniture has been ordered to replace sitting room furniture in poor condition.</p> <p>Renovation works were being completed in houses in the Designated Centre as described in the report. These works have now been completed, plan of additional renovation works was provided to the inspector during the inspection and a plan of painting and decoration has been subsequently devised and forwarded to Senior Management for addition to building maintenance schedule.</p>	
Regulation 18: Food and nutrition	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <p>Environmental Health prohibits the cooking of food from raw ingredients in kitchens since the Centre is on a campus and therefore the kitchens are not to the standard of a catering kitchen. However, there are a range of foods and snacks which can be prepared which are not cooked from raw ingredients; cupboard staples e.g. baked beans, tinned rice, custard, noodles etc. are available in addition to salads, sandwiches (toasted), microwavable ready meals etc. and other snacks, biscuits/cakes, fresh fruit, yoghurts etc.</p>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>The photocopy of the prescription sheet was removed and replaced with an original copy of the prescription Kardex. All nursing staff who had administered PRN medication from the photocopy of the prescription sheet have completed medications management course.</p>	
Regulation 5: Individual assessment and personal plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>Review of each resident's goals will be completed and progress on implementation of goals will be documented on an ongoing basis. Audit of Social goals will include quality of</p>	

documentation of progress notes.	
Regulation 7: Positive behavioural support	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <p>Positive Behaviour Support plans have been reviewed and will be more descriptive about intervention strategies; the staff training course referenced in some plans 'MAPA' which includes a range of interventions from verbal de-escalation, breakaway techniques to use of physical restraint technique has been replaced with the detail of the actual strategy/intervention in use for each individual resident.</p>	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>Management of the Centre had previously consulted with the Designated Officer for safeguarding and protection of vulnerable adults regarding the incidents identified during the inspection which had not been reported to the Authority. Following this consultation it was deemed that the nature of these particular incidents did not meet the criteria to cause concern that constituted an abuse had occurred. Therefore the incidents were not reported at that time, rather measures were taken to support residents behaviour through Positive Behaviour Support and Multi-Disciplinary Team therapeutic input.</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
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Regulation 10(3)(b)	The registered provider shall ensure that where required, residents are facilitated to access assistive technology and aids and appliances to promote their full capabilities.	Substantially Compliant	Yellow	30/11/2018
Regulation 12(1)	The person in charge shall ensure that, as far as reasonably practicable, each resident has access to and retains control of personal property and possessions and, where necessary, support is provided to manage their financial affairs.	Substantially Compliant	Yellow	30/11/2018
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	30/11/2018
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a	Not Compliant	Orange	30/11/2018

	continuous professional development programme.			
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	30/11/2018
Regulation 18(1)(a)	The person in charge shall, so far as reasonable and practicable, ensure that residents are supported to buy, prepare and cook their own meals if they so wish.	Not Compliant	Orange	27/08/18
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	30/09/18
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.	Substantially Compliant	Yellow	30/11/2018
Regulation 24(3)	The registered provider shall, on admission, agree in writing with each resident, their	Substantially Compliant	Yellow	30/11/2018

	representative where the resident is not capable of giving consent, the terms on which that resident shall reside in the designated centre.			
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.	Substantially Compliant	Yellow	28/08/2018
Regulation 05(6)(c)	The person in charge shall ensure that the personal plan is the subject of a review, carried out annually or more frequently if there is a change in needs or circumstances, which review shall assess the effectiveness of the plan.	Substantially Compliant	Yellow	28/08/2018
Regulation 07(2)	The person in charge shall ensure that staff receive training in	Not Compliant	Orange	30/11/2018

	the management of behaviour that is challenging including de-escalation and intervention techniques.			
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with national policy and evidence based practice.	Not Compliant	Orange	28/08/2018
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Not Compliant	Orange	28/08/2018