



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

## Issued by the Chief Inspector

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:	Short Notice Announced
Date of inspection:	23 July 2020
Centre ID:	OSV-0003988
Fieldwork ID:	MON-0029839

## 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 residential services to 19 residents with intellectual disabilities over the age of 18. The centre is located in Co. Louth and is part of a larger campus setting. It consists of six separate units. Two of which are no longer being used. Residents have their own bedrooms and each unit has communal space for residents to dine in and relax. There is a kitchen in each unit, however all meals are provided from a central kitchen on the campus. Due to the layout of bathrooms and the institutional nature of the premises it does not meet the requirements of the regulations. It is the provider's long term plan to support residents to transition from this centre as part of a wider organisational de-congregation plan.

The staff skill mix comprises of staff nurses and health care assistants. There are no formalised day services available to residents in the centre. Instead residents are supported to have meaningful activities with staff employed in the centre. Residents can also avail of onsite therapies which they are required to pay for. The centre is located in a rural setting and residents require transport in order to access community amenities.

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

Number of residents on the date of inspection:	9
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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 - 2015 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
Thursday 23 July 2020	10:30hrs to 17:30hrs	Anna Doyle	Lead

## What residents told us and what inspectors observed

The inspector was unable to ascertain the views of the residents living in the centre. Instead the inspector observed some practices and reviewed records pertaining to the care and support of residents.

The inspector was informed that there were no complaints logged about the quality and safety of care being provided in the centre. Residents looked well cared for and appeared relaxed and comfortable in the presence of staff.

Some of the residents had gone on out on trips on the day of the inspection. Other residents were relaxing in their home and engaging in their preferred activities. The weather was not particularly nice on the day of the inspection to sit out in the garden area. However, the inspector saw photo albums depicting residents enjoying the outdoor spaces over the last number of months. The residents had also done some gardening and some arts and crafts projects to display in a new community home, where some of them were moving to. Some of the residents went for short walks to get some fresh air.

Four residents were preparing to move to a new community home in the coming weeks. Due to the recent restrictions around COVID-19, they had been unable to visit their new home until recently. They had however visited the new home prior to renovation work starting and had picked paint colours for their bedrooms. Staff had also taken pictures of community amenities near their new home so as residents would become familiar with them.

## Capacity and capability

This inspection was carried out to follow up on the actions from the inspection conducted on 29 January 2020 and to assess whether the provider was progressing with the transition of residents from this centre to smaller community based settings. It is the provider's long term plan to close this centre, as the centre is a congregated setting located on a large campus.

Overall the inspector found that the provider was progressing with this planned closure in a timely manner. Three residents had recently moved to a small community based setting and another four residents were preparing to move to another community home in the coming weeks. This meant that there were now only four units operating in this designated centre.

Transition plans had been developed for all residents and residents had been to see their new home in the last number of weeks. All staff who currently support the

residents were moving with the residents to their new community home. Additional staff was also being made available in the evening times to enable residents to become familiar with their new home.

The provider was also submitting regular updates to the Health Information and Quality Authority (HIQA) outlining the proposed transitions for the other residents. The inspector was assured that the provider was progressing with the closure of this centre in line with the updates being provided to HIQA.

Since the last inspection considerable work had been done to improve the oversight arrangements in the centre. Another clinic nurse manager had been appointed. There were now two clinic nurse managers who had assigned responsibilities for specific units contained in the designated centre. Both of the clinic nurse managers reported to the person in charge. This meant that the person in charge who is responsible for a number of other centres had the appropriate supports in place to ensure effective oversight of this centre.

The provider had arrangements in place to monitor and review the quality of services provided. A number of audits had been conducted since the last inspection, including a self assessment quality and safety report that had been completed by the person in charge and submitted for review to the quality and safety team. Other audits conducted included infection control, personal plans and restrictive practices. A sample of actions from these audits were followed up by the inspector and they had been completed.

The provider had a quality enhancement plan in place to also assure that actions from audits were being addressed. A copy of this plan was reviewed and actions outlined had been addressed. For example; a new sofa was required in one unit and this had been purchased. The results of a hand hygiene audit found that a sign was required in one area and this had also been completed.

There was sufficient staff in place to meet the needs of the residents. A planned and actual rota was maintained and on review of a sample of rotas, consistent staffing levels were maintained. Nursing care was provided for, and staff also had access to senior nursing personnel who provided on call supports on a 24/7 basis.

Staff had received supervision in line with the providers own organisational policy. The staff met with felt supported in their role and had no concerns about the quality and safety of care being provided in the centre. They felt that they could report concerns to their managers should the need arise.

Since the last inspection staff had been provided with training and although some training could not be completed due to the current pandemic, the person in charge and the clinic nurse manager were aware of the outstanding refresher training needed and the provider had plans to address these in the coming weeks. All staff had been provided with training in infection control and personal protective equipment.

Considerable work had been completed on the records stored in residents personal plans. Audits of these plans had been conducted in February and July 2020 to

ensure that the records were up to date and accurate. Of the plans viewed, the information was up to date and easily accessible. This had been an action from the last inspection.

#### Regulation 14: Persons in charge

Since the last inspection another clinic nurse manager had been appointed. This meant that the person in charge who is responsible for a number of other centres had the appropriate supports in place to ensure effective oversight of this centre.

The person in charge is an experienced nurse with significant experience in disability services. They are knowledgeable and aware of their remit under the regulations.

Judgment: Compliant

#### Regulation 15: Staffing

There was sufficient staff in place to meet the needs of the residents. A planned and actual rota was maintained and on review of a sample of rotas, consistent staffing levels were maintained. Nursing care was provided for and staff also had access to senior nursing personnel who provided on call supports on a 24/7 basis.

Judgment: Compliant

#### Regulation 16: Training and staff development

Since the last inspection staff had been provided with training and although some training could not be completed due to the current pandemic, the person in charge and the clinic nurse manager were aware of the outstanding refresher training due and had plans to address this in the coming weeks. All staff had been provided with training in infection control and personal protective equipment.

Staff had received supervision in line with the providers own organisational policy. The staff who were met felt supported in their role and had no concerns about the quality and safety of care being provided in the centre. They felt that they could report concerns to their managers should the need arise.

New staff were being provided with induction when they started in the centre and there were records available to demonstrate the details of this induction. This

induction included reading policies and procedures, fire safety precautions and residents personal support plans. This had been an action from the last inspection.

Judgment: Compliant

### Regulation 21: Records

Considerable work had been completed on the records stored in residents' personal plans. Audits of these plans had been conducted in February and July 2020 to ensure that the records were up to date and accurate. Of the plans viewed, the information was up to date and easily accessible. This had been an action from the last inspection.

Judgment: Compliant

### Regulation 23: Governance and management

There were governance and management structures in place with assigned roles and responsibilities in the management team to ensure effective oversight of the centre.

The provider had systems in place to assure that the services were monitored and reviewed on a regular basis.

Judgment: Compliant

### Regulation 3: Statement of purpose

The Statement of Purpose had been updated to reflect the changes that had occurred in the centre since the last inspection.

Judgment: Compliant

### Regulation 31: Notification of incidents

A review of incidents that occurred in the centre, informed the inspector that the person in charge had notified HIQA of any incidents in line with the regulations. An investigation relating to one such incident was underway at the time of the



inspection. This was in line with the providers own policy. The person in charge is to submit the outcome of this investigation to HIQA once completed.

Judgment: Compliant

## Quality and safety

Overall the quality and safety of care being provided in the centre had improved since the last inspection. Significant improvements had been made to risk management systems, positive behaviour support and personal plans. The provider was progressing with the transition of residents, and both the provider and person in charge were meeting their requirements under regulation 8 (protection) since the last inspection. One significant improvement was required to ensure that the rights of all residents were upheld in the centre.

The provider was progressing with the transition of residents from the centre. Three residents had recently moved to a small community based setting and another four residents were preparing to move to another community home in the coming weeks. Transition plans had been developed for all residents and residents had been to see their new home in the last number of weeks. All staff who currently support the residents were moving with the residents to their new community home. Additional staff was also being made available in the evening times to enable residents to become familiar with their new home.

Residents rights needed to be reviewed in the centre. From a review of one residents personal plan, information of a personal nature was being collated on behaviour support records. The inspector found that this was not upholding the residents right to privacy. The details of this were discussed with the person in charge and the clinic nurse manager on the day of the inspection and are not included in this report.

Since the last inspection improvements had been made to the risk management systems in the centre. A sample of risk assessments viewed had been updated and reviewed as required. From the sample viewed control measures listed were in place to mitigate/reduce risks. Incidents were being audited and reviewed every month to see if further actions were required to improve the safety of residents in the centre. A number of recommendations pertaining to a review of incidents were followed up. For example; it had been recommended after one resident who had a fall that they should be reviewed by an occupational therapist and a physiotherapist. This had been completed. Equipment recommended from this review was also available for the resident to prevent further injuries.

The provider had systems in place to manage an outbreak of COVID-19 in the centre. Adequate personal protective equipment was available and all staff confirmed this. Staff had been provided with training in infection control. Hand washing facilities were available and staff were observed engaging in good hand

hygiene practices. An audit had also recently been conducted in the centre to assure good hygiene practices.

Since the last inspection one residents behaviour support needs had been reviewed. There was now also an up to date behaviour support plan in place from the sample of personal plans viewed. Residents had access to allied health care professionals in order to support their needs.

Measures had been put in place to try and reduce restrictive practices in the centre for one resident. This allowed the resident to access a space outside their home which, until recently had been restricted. This was a short term measure and was being reviewed by the team to assess its effectiveness.

A log was also maintained in the centre for all restrictive practices used. This recorded whether consent had been received and whether it had been approved by the providers own committee for approving restrictive practices. This log indicated that the provider had received consent and approval for restrictive practices used in the centre.

#### Regulation 25: Temporary absence, transition and discharge of residents

The provider was progressing with the transition of residents from the centre in a planned and timely manner.

Judgment: Compliant

#### Regulation 26: Risk management procedures

The actions from the last inspection had been completed. There were now more effective systems in place to monitor and review risks in the centre.

Judgment: Compliant

#### Regulation 27: Protection against infection

The provider had systems in place to manage an outbreak of COVID-19 in the centre. Adequate personal protective equipment was available and all staff confirmed this. Staff had been provided with training. Hand washing facilities were available and staff were observed engaging in good hand hygiene practices.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The actions from the last inspection had been completed. The provider had conducted two audits of residents' personal plans in February and July 2020. Actions had been developed to ensure that the records were up to date and reviewed accordingly.

The assessment of need for residents was up to date. Support plans were in place to guide staff practice in order to support the residents' needs.

An annual review had also been conducted from the sample viewed to review the care and support being provided to residents.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Since the last inspection one residents behaviour support needs had been reviewed. There was now also an up to date behaviour support plan in place from the sample of personal plans viewed. Residents had access to allied health care professionals in order to support their needs.

Measures had been put in place to try and reduce restrictive practices in the centre for one resident. This allowed the resident to access a space outside their home which until recently had been restricted. This was a short term measure and was being reviewed by the team to assess its effectiveness.

A log was also maintained in the centre for all restrictive practices used. This recorded whether consent had been received and whether it had been approved by the providers own committee for approving restrictive practices.

Judgment: Compliant

### Regulation 8: Protection

The actions from the last inspection had been completed. All staff had been provided with training in safeguarding vulnerable adults and of the staff met, were

aware of what constituted abuse and who to report a concern to. At the time of the inspection, there were no safeguarding concerns in the centre.

Judgment: Compliant

### Regulation 9: Residents' rights

One residents care and support needs needed to be reviewed to ensure that the residents' rights were fully upheld in the centre.

Judgment: Not 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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

# Compliance Plan for Broomfield Gardens OSV-0003988

Inspection ID: MON-0029839

Date of inspection: 23/07/2020

## 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 9: Residents' rights	Not Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: The practice of gathering data has ceased, and a relevant support plan to meet the residents needs has been developed	

**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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 09(3)	The registered provider shall ensure that each resident’s privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	18/08/2020