



Office of the Chief Inspector

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

Name of designated centre:	Hayden's Park Way
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	30 April 2019
Centre ID:	OSV-0005602
Fieldwork ID:	MON-0025689

About the designated centre

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

Hayden's Park Way is a four bed residential neuro-rehabilitation service located in Co. Dublin. All residents are over the age of 18 years of age and the maximum number of people that can be accommodated is four. All residents in Hayden's Park Way have an acquired brain injury. There are specific care and support needs of the acquired brain injury population that the service aims to provide through an individualised service. Hayden's Park Way is in a location with access to local shops, transport and amenities. Single bedroom accommodation, bathrooms, sitting room, kitchen and garden space is provided for the residents. The service is managed by a person in charge and a team leader. There is a team of Neuro Rehabilitation Assistants to support residents according to their individual needs.

The following information outlines some additional data on this centre.

Current registration end date:	29/10/2021
Number of residents on the date of inspection:	4

How we inspect

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
30 April 2019	09:00hrs to 18:00hrs	Sarah Mockler	Lead

Views of people who use the service

The inspector met with three of the four residents who were availing of the services of the designated centre. The residents expressed their wishes to speak to the inspector and this was facilitated to suit the residents needs and schedules.

Two residents told the inspector that they were very satisfied with the service being provided. They expressed that they were very happy in their home.

The residents spoke about the courses they were completing in relation to gaining more independent skills and how important family relationships were to them. One resident was not very happy with some aspects of the care provided to them in the centre and expressed this on the day of inspection. The person in charge was aware of this and was actively trying to work with the resident in accordance to their assessed needs, to address this.

All residents stated that they felt safe, and were aware of the complaints procedure in place in the centre. All residents stated they liked their fellow house mates and they were happy with the transition plans that had been put in place.

Capacity and capability

The inspector found that overall, the registered provider and the person in charge had effective management arrangements in place to ensure a quality driven, safe service was provided to residents. Due to the effective governance in the centre there were positive outcomes for residents, person centred care ensured that an inclusive environment was promoted where each residents' specific needs were considered. A neuro-rehabilitation approach was used with each of the residents in lines with the centres ethos, aims and objectives, to help promote the residents gain independent skills, social skills and learn new coping skills.

The person in charge facilitated the inspection, and the inspector found that they had the relevant qualifications, skills and experience to manage the centre. It was evident that the person in charge was engaged in the governance, operational management and administration of the centre on a regular and consistent basis. The person in charge was also involved in the management of another designated centre. There were suitable arrangements in place, such as the team leader role, to ensure the effective oversight and management of the centre when the person in charge was not present.

The provider had ensured that there were clear management arrangements to ensure appropriate leadership and governance. There was a team leader permanently based in the centre with support from a person in charge. The team leader worked a variety of shifts, and was often supernumerary to the staff compliment. The person in charge and team leader were supervising staff members in both formal and informal capacities. Staff spoken with felt well supported in their roles.

There were appropriate systems and processes in place that underpinned the safe delivery and oversight of the service. As this was a new designated centre the annual review and unannounced visits from the provider had not taken place yet. The person in charge had systems in place to monitor the quality of care and support for residents including audits which were completed regularly. The audits included personal plans and health and safety. These reviews were identifying areas for improvement, and actions from these reviews were impacting positively on residents care and support and their home. Regular staff meetings were occurring where there was evidence of shared learning and the meetings were resident focused.

There were sufficient staff in the centre to respond to the support needs of residents. Staff were provided with a training programme covering a range of areas appropriate to their roles. However, not all staff had not fully completed the required training, which included safeguarding, relevant positive behaviour support training and fire training. Staff were at times working alone which further prioritised to need for this training. Staff had also not received training in relation to the specific health needs of one of the residents. The person in charge had recognised the need of the above training and some of the training had been scheduled over the coming weeks.

The centre's admission process considered the wishes, needs and safety of the individual and the safety of the other residents transitioning into the designated centre. Each resident had the opportunity to visit the centre before taking up permanent residence. Visits were scheduled according to each residents wishes, with some residents preferring one visit only and others requiring a number of visits over a period of time. A written contract for the provision of services was agreed on admission.

Regulation 14: Persons in charge

The was a full-time post in place. The person in charge managed more then one designated centre and had ensured the effective goverance, operational management and administration of the designated centre.

Judgment: Compliant

Regulation 15: Staffing

There were enough staff with the right skills qualification and experience to meet the assessed needs of the residents. There was an actual and planned rota in place.

Judgment: Compliant

Regulation 16: Training and staff development

A training programme was in place for all staff however not all staff had completed all the mandatory training. Staff had not received training in relation to the specific health needs of one of the residents.

Judgment: Not compliant

Regulation 19: Directory of residents

The directory of residents was up-to-date with required information.

Judgment: Compliant

Regulation 23: Governance and management

The management system was clearly defined and identified the lines of authority and accountability, specified roles and detailed responsibilities for all areas of service provision.

Judgment: Compliant

Regulation 24: Admissions and contract for the provision of services

A written contract for the provision of services was agreed on admission. Residents has the opportunity to visit the centre before taking up permanent residence.

Judgment: Compliant

Quality and safety

Overall, the inspector found that the provider and person in charge were striving to ensure that the quality of the service provided for residents was person centred and suitable for the assessed needs of the residents. Most residents expressed that they were happy with the care and support that was available to them. Staff were knowledgeable about residents needs and preferences. Residents engaged in meaningful activities that were in line with their relevant goals such as community work, employment, money management courses and other courses to promote independence.

The premises was warm, clean and kept in good structural and decorative repair. Two residents invited the inspector to see their bedroom which contained many pictures and posters on display. One resident proudly showed the inspector their white boards which were displayed prominently in their bedroom. One board reflected their weekly schedule and the other was used to write down important events that had occurred during the day. The resident described how important this was to them. There was a large garden area at the back. This garden area required some maintenance work, as it was overgrown and the fences at the side required repair. The person in charge discussed the plans for the garden over the coming months and had applied for funding for a sensory garden.

Staff were providing support to residents to pursue their individual goals based on consultation with residents and assessment of their support needs. The Mayo Portland Adaptability Inventory, 4th edition (MPAI-4) was used to assess the residents needs and goals under three main categories; abilities, adjustment and participation. Each of these categories evaluated different health, social and independent skills that the resident required. An annual 'Individual Rehabilitation Plan' was prepared with the input of the resident, their support network, family members, key worker, management team, and multidisciplinary team. Quarterly reviews of these plans were completed by the multidisciplinary team to review progress made in each area. The goals in the plans were meaningful for residents. The person in charge spoke about and showed an example of a new assessment of need that was going to be piloted in the designated centre. The example provided was comprehensive and would further compliment the assessment already in place.

Residents were provided with opportunities to participate in activities in accordance with their interests, capacities and individual goals. The registered provider was actively encouraging the residents to participate in life long learning and education providing the residents opportunities to attend different courses. Two residents spoke about the money management course they were attending and how beneficial they were finding this. Residents were facilitated to make the best possible use of their potential capacities in order for them to achieve their goals which included reintegration into employment, or other aspects of community life. One resident spoke about how much they enjoyed their community work, which included volunteering in local charity shop. The centre was proactively identifying and facilitating initiatives for residents to participate in the wider community. Residents were actively support and encouraged to connect with family and other people who were important to the resident.

Appropriate health care was provided to each resident in the centre. Health care needs were met by allied professionals within the community. Where required health care plans were in place to address specific needs and they were found to be sufficiently detailed to guide staff practice. Residents who are eligible, by means of gender, age or condition, are made aware and supported to access, if they so wish, the National Screening process and there was relevant documentation in relation to residents attending these appointments.

Residents had all recently transitioned into the centre in early 2019. Some residents had transitioned from within the organisation, and some residents had transitioned from a hospital setting. A sample of transition plans were reviewed. The transition plans were focused on residents individual needs and preferences. Where residents requested a longer transition this was facilitated through regular visits to the new centre. These visits were reflected in the residents weekly planner. Some residents also opted for a shorter transition and again this was supported. Relevant and appropriate information about the resident, such as discharge notes from hospitals, were transferred between services and available for use for planning the transition process.

In terms of fire precautions the provider had put in a number of measures to ensure the safety of the residents and staff. There was adequate means of escape with emergency lighting provided. Suitable fire containment measures were in place in the home. There was a procedure for the safe evacuation of residents and staff in the event of a fire which was prominently displayed. Fire drills had been completed. Each resident had a 'grab pack' at the door which contained a change of clothes, high visibility vest, umbrella and snack of the residents choice. However, the fire extinguishers had not been serviced on an annual basis.

Residents were protected by the safeguarding arrangements. The person in charge, and members of staff spoke too demonstrated sufficient knowledge of the types of abuse, actions to take in the event of witnessing or suspecting abuse. There had been no incidents of safeguarding in the designated centre to date.

Regulation 13: General welfare and development
Residents were provided with opportunities to participate in activities in accordance with their interests, capacities and individual goals. Residents were provided with supports to develop and maintain personal relationships and links with the wider community.
Judgment: Compliant
Regulation 17: Premises
There was adequate private and communal accommodation. The home was clean and kept in good structural and decorative repair.
Judgment: Compliant
Regulation 25: Temporary absence, transition and discharge of residents
Planned supports were in place when residents transferred between or moved to the new service. Residents were consulted in this process.
Judgment: Compliant
Regulation 28: Fire precautions
There was adequate means of escape, including emergency lighting. However, fire safety equipment was not serviced annually.
Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

Each resident had a person plan prepared after admission into the centre which reflected the residents assessed needs and outlines the supports required to maximise the residents personal development in accordance with their wishes.

Judgment: Compliant

Regulation 6: Health care

A GP fo the residents choice was made available to the resident. There was evidence to demonstrate that residents were supported to make decisions regarding National Screening services and facilitated to attend if they wishes.

Judgment: Compliant

Regulation 8: Protection

Residents were protected from all forms of abuse. Residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection.

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 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Views of people who use the service	
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant

Compliance Plan for Hayden's Park Way OSV-0005602

Inspection ID: MON-0025689

Date of inspection: 30/04/2019

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	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training in Diabetes Management for the staff team will be provided by Diabetes Ireland and will be completed by May 17th 2019 with follow up secondary training on June 26th 2019</p> <p>Positive Behaviour Support Training will take place with the entire staff team on 28/05/19.</p> <p>The remaining staff members without MAPA training will complete it on 20/05/19.</p> <p>The entire staff team completed Fire Safety Training on 14/01/19 with the exception of one staff member. That staff member will complete the full Fire Safety Training by 15/06/19. Until completed, that staff member, who has completed an online fire safety course and a localised training, will not work without another staff member on duty.</p> <p>While they have already completed an online safeguarding training session, a full Safeguarding training session for the staff member without it will take place on 27/05/19.</p> <p>The staff member without Children's First Training will have completed it by 21/05/19.</p>	
Regulation 28: Fire precautions	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>Fire extinguishers to be serviced by 7th of May 2019.</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.	Not Compliant	Orange	17/05/2019
Regulation 28(2)(b)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Not Compliant	Orange	07/05/2019