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## Broomfield Gardens, OSV-0003988, 27 September 2018

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# 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:	27 September 2018
Centre ID:	OSV-0003988
Fieldwork ID:	MON-0024262

## 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. It is the provider's long term plan to transition residents 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 on site 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:	17
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## 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
27 September 2018	14:45hrs to 18:00hrs	Anna Doyle	Lead
27 September 2018	14:45hrs to 18:00hrs	Conan O'Hara	Lead

## Views of people who use the service

Inspectors met some of the residents residing in the centre on the day of the inspection. Residents met were unable to express their satisfaction levels on the quality of services being provided in the centre.

Inspectors observed interactions between staff and residents to be warm and caring. Residents were involved in some activities during the day and were out on bus trips during the inspection.

## Capacity and capability

This inspection took place to follow up on issues identified at the last inspection specifically in relation to failings identified with the premises, and to review the transition of residents from the centre.

Inspectors found that there were governance and management systems in place to monitor and review the services provided in the centre. Audits were completed regularly to review the practices which included medication management and infection control. A quality enhancement plan was also in place which outlined specified time frames from which areas of improvement were required.

The statement of purpose dated October 2018 contained all of the information as required by Schedule 1 of the regulations however, improvements were required to ensure that the layout of the centre was clearly identified in the statement of purpose.

The inspectors reviewed a sample of incidents and found that the incidents were notified where required to the Authority.

## Regulation 23: Governance and management

Improvements were still required to the premises to ensure that they were meeting the requirements of the regulations.

Judgment: Not compliant

## Regulation 3: Statement of purpose

The statement of purpose dated October 2018 contained all of the information as

required by Schedule 1 of the regulations however, improvements were required to ensure that the layout of the centre was clearly identified in the statement of purpose.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Incidents were notified where required to the Authority.

Judgment: Compliant

### Quality and safety

Overall, inspectors found that there was some improvement in the quality and safety of care in the centre. However, improvements were still required to the premises to ensure that they met the requirements of the regulations and to the admission and discharge of residents from the centre.

Inspectors carried out a walk through of the premises and found that improvements had been made to the premises since the last inspection including the removal of partition walls to ensure larger bedrooms for residents and updated paintwork. However, while it is acknowledged that the provider's long term plan for the overall campus is to transition residents to community based settings, inspectors identified that additional improvements were required to the premises to ensure that they were meeting the requirements of the regulations until such time that the transition of all residents was complete. For example, while some areas of the centre were recently painted, other areas required updating. In addition, the toilet areas in a number of units consisted of a number of cubicles which were institutionalised and not in keeping with a homely setting.

The provider had previously identified their plan to close this centre by March 2019. However, primarily due to funding it was confirmed that this date would now not be met.

After this inspection a meeting was held with the regional director two senior managers and HIQA to discuss the transition of residents from this centre and the remedial works required to the premises to ensure that they met the requirements of the regulations.

Assurances were provided at this meeting that the provider was still committed to closing this centre. A transition plan was outlined which would see three new community homes purchased in 2019 to accommodate some of the residents from

this centre, with additional homes to be purchased in 2020 and 2021. This would mean that this centre would be closed by the end of 2021.

As highlighted at all of the inspections conducted in this centre, the premises were institutional in nature and some areas required significant improvements to ensure that they were homely, clean and maintained and updated to a reasonable standard. Assurances were given that issues related to the current premises would be completed on a phased basis with acknowledgment that any areas that required significant remedial works may not be reasonable given that the centre will close in 2021.

This provider is currently in the process of a campus wide plan decongregation plan for all residents from the campus to community based homes. Part of this plan included admissions from other designated centres on the campus to this centre and also the transition of some residents from this centre to community homes. The inspectors reviewed a sample of transition plans and found that some residents were not supported to transition in a planned manner. In addition, given that residents were also being admitted to the centre, there were no records to demonstrate that the compatibility of residents had been assessed.

Staff met which included members of the transforming lives committee (who oversee all transitions) did outline some positive measures that would be implemented to support residents; such as staff moving with residents to ensure continuity of care. Residents were also been supported to develop independent living skills.

The inspectors reviewed meal time choices for residents and found that residents were offered a choice regarding meals. In addition, the centre manager noted that meetings were taking place to improve choice at mealtimes for residents.

The inspectors reviewed a sample of risk assessments and found that they required improvement. Risk assessments did not accurately reflect the level of risk and one risk assessment had not been reviewed effectively to include all control measures.

Three buses were available for residents in the centre. The records viewed indicated that the vehicles were insured and had up to date certificates of road worthiness in place.

## Regulation 17: Premises

Improvements were required to the premises to ensure that they were meeting the requirements of the regulations until such time that the transition of all residents was complete. For example, paintwork throughout the centre required updating and modifications were also required the toilet areas in a number of units to make it more homely.

Judgment: Not compliant

## Regulation 18: Food and nutrition

Residents were offered a choice regarding meals. In addition, the centre manager noted that meetings were taking place to improve choice at mealtimes for residents.

Judgment: Compliant

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

Residents were not supported to transition in a planned manner and at their pace. In addition, there were no records to demonstrate that the compatibility of residents had been assessed as part of new residents being admitted to the centre.

Judgment: Not compliant

## Regulation 26: Risk management procedures

Risk assessments did not accurately reflect the level of risk and one risk assessment had not been reviewed effectively to include all control measures.

Judgment: Substantially compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Not compliant
Regulation 26: Risk management procedures	Substantially compliant

# Compliance Plan for Broomfield Gardens OSV-0003988

Inspection ID: MON-0024262

Date of inspection: 27/09/2018

## 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 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>We recognise that the Centre is based within an institutional setting and that the current premises cannot (economically) be made fit for purpose, albeit considerable funds have been recently expended on internal renovations.</p> <p>The Provider will complete a decoration, maintenance and minor works schedule (but not additional significant remedial works) for the Centre, commensurate with its anticipated timeframe for closure.</p> <p>The Provider will work through the schedule, as funding permits, with a focus on creating and maintaining an improved living environment for residents, one that is more conducive to addressing their comfort, privacy, dignity, and respect.</p> <p>The schedule will be completed and available for review by 30 November 2018.</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>The Statement of Purpose will be updated generally and will include floor plans and room dimensions following the completion of measured drawings of recent renovations.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Provider will complete a decoration, maintenance and minor works schedule e.g. toilet cubicles (but not significant remedial works) for the Centre, commensurate with its anticipated timeframe for closure.</p>	

The Provider will work through the schedule, as funding permits, with a focus on creating and maintaining an improved living environment for residents, one that is more conducive to addressing their comfort, privacy, dignity, and respect.

The schedule will be completed and available for review by 30 November 2018.

Regulation 25: Temporary absence, transition and discharge of residents	Not Compliant
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Outline how you are going to come into compliance with Regulation 25: Temporary absence, transition and discharge of residents:

The process of reconfiguring resident accommodation on the Campus was initiated in May 2018 after the HSE advised that there would be no capital funding for community homes for the year. This meant that 14 residents now required alternative accommodation on the campus, rather than transitioning to the community.

The project lead for this task was the Provider's Transforming Lives Team. Reconfiguration was an agenda item at their regular meetings, which included PIC/Managers, Director of Care and Support.

Compatibility was a key decision factor in selecting the most appropriate home on Campus for each resident. Other factors were also considered such as residents who may have lived together in the past and their dependency levels. Resident's families were engaged throughout the process.

Familiar support staff transitioned with each resident to ensure a smooth transition. The familiar staff members supported residents in home visits and in some cases sleepovers to their new Designated Centre, this varied from resident to resident. Following the transition process the resident's familiar support staff were absorbed into the staffing complement for that home.

Regulation 26: Risk management procedures	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

Risk assessments have been reviewed and revised, based on the Provider's Risk Management Policy, to better reflect the level(s) of risk(s) presenting and the range of control measures available to staff in order to best mitigate them.

## 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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	30/11/2018
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	30/11/2018
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	30/11/2018
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	30/11/2018
Regulation 25(3)(a)	The person in charge shall ensure that residents receive support as they transition between residential services or leave residential services through:the provision of information on the services and supports available.	Not Compliant	Orange	31/10/2018
Regulation 25(4)(a)	The person in charge shall ensure that the discharge of a resident from the designated centre is	Not Compliant	Orange	31/10/2018

	determined on the basis of transparent criteria in accordance with the statement of purpose.			
Regulation 25(4)(b)	The person in charge shall ensure that the discharge of a resident from the designated centre take place in a planned and safe manner.	Not Compliant	Orange	31/10/2018
Regulation 26(1)(e)	The registered provider shall ensure that the risk management policy, referred to in paragraph 16 of Schedule 5, includes the following: arrangements to ensure that risk control measures are proportional to the risk identified, and that any adverse impact such measures might have on the resident's quality of life have been considered.	Substantially Compliant	Yellow	31/10/2018
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	30/11/2018