

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

Issued by the Chief Inspector

Name of designated centre:	Hayden's Park Way
Name of provider:	Peter Bradley Foundation CLG
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	07 May 2024
Centre ID:	OSV-0005602
Fieldwork ID:	MON-0043136

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 designated centre operated by Peter Bradley Foundation Company Limited by Guarantee. The centre 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. Hayden's Park Way is in a location with access to local shops, transport and amenities. The centre provides single occupancy bedrooms, 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.

Number of residents on the date of inspection:	3
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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 (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
Tuesday 7 May 2024	12:30hrs to 18:30hrs	Jennifer Deasy	Lead

What residents told us and what inspectors observed

This inspection was an unannounced inspection carried out to monitor the provider's ongoing regulatory compliance. This centre had been subject to a warning meeting and warning letter subsequent to the last inspection in January 2024 due to non-compliance in governance and management and oversight of risk. This inspection focused on reviewing the provider's implementation of their plan to bring the centre back into compliance with the regulations.

This inspection demonstrated that the provider was progressing with implementing actions as per their compliance plan and that residents were in receipt of an improved quality service which was providing safe person-centred care and support.

The inspector was greeted by two staff on duty on arrival to the designated centre. The staff members told the inspector of additional training that they had recently received including in updating residents' care plans and risk assessments. Staff told the inspector about the oversight arrangements for the centre and said that they felt well-supported. Staff expressed that they felt that the provider had enhanced their management systems and could respond quickly to risks and that staff were better supported in managing these risks.

They also told the inspector about a recent incident where there had been a risk to the safety of one resident. Staff described the steps that were taken, by the provider and the staff team, to ensure the safety and well-being of the resident and the medical attention that they had received subsequent to that incident. Staff described the risk assessment and associated control measures that had been implemented to control for this risk and were well-informed of these.

The inspector had the opportunity to meet with three of the residents who lived in the centre at the time of inspection. Two of the residents spoke to the inspector about their perspectives of the quality and safety of care. The third resident greeted the inspector but chose to continue with their daily activities rather than engage in conversation and their wish was respected.

One resident told the inspector that they had recently gained employment through a community employment scheme. They were looking forward to starting their work placement in the coming weeks. The resident told the inspector that they gained this employment through their attendance at a college course. This resident had told the inspector on previous inspections about their wish to get back to employment and said that they were happy to be progressing with this goal.

This resident told the inspector that they really liked living in this designated centre. They said that the staff team were great and that they had no complaints. They said that sometimes agency staff were rostered on. The resident understood that this was to fill gaps in the roster and said that they were ok with that.

The second resident was relaxing in their bedroom watching TV when the inspector greeted them. The resident told the inspector their plans for the evening. They also showed her their schedule for the week which included work and leisure activities. The resident was looking forward to dinner which had been cooked by another resident.

The inspector completed a walk-around of the house with the staff team. The house had been recently painted and was bright and homely. There was plenty of private and communal space. The residents' bathrooms, kitchen and utility were all clean and well-maintained. Overall, the house was comfortable and well-maintained.

The inspector heard residents and staff having familiar, friendly and respectful interactions over the course of the inspection. It was evident that staff and residents had a good relationship and that staff were providing care in a person-centred and respectful manner.

The next two sections of the report will set out the governance and management arrangements and how effective they were in ensuring a good quality and safe service.

Capacity and capability

This section of the report sets out the findings of the inspection in relation to the leadership and management of the service, and how effective it was in ensuring that a good quality and safe service was being provided. Overall, the inspector found that the provider had enhanced the oversight arrangements in the centre and had ensured a provider-level presence in the centre on a regular basis. This was being effective in driving service improvement and ensuring that risks could be escalated to the provider level as required.

The provider had ensured that a senior manager was available to the person in charge and to the staff team to support them in their roles. The senior manager attended staff meetings, individual support meetings with the person in charge and attended the designated centre in person on a regular basis. This was effective in ensuring the provider had oversight of the designated centre and also offered the staff team and the person in charge the opportunity to raise any issues of concern.

The provider had in place a suite of audits at local and provider level. The inspector saw that audits were used to inform a quality improvement plan. Actions arising from audits were tracked on this quality improvement plan. The inspector found that audits were being effective in driving service improvements.

The staff team were in receipt of training relevant to their roles and responsibilities. Some staff were overdue refresher training in areas including safeguarding and first aid which required review by the provider. Staff told the inspector that they had recently received additional training to inform their day-to-day work. This training

included information on updating residents' personal plans and updating risk assessments.

In summary, the inspector found that the provider had implemented many of the actions as they committed to in their compliance plan submitted to the Chief Inspector. These actions were found to be effective in ensuring that the provider had oversight of risk in the designated centre and in upskilling staff to ensure that residents' needs were being met in a safe and person-centred manner.

Regulation 14: Persons in charge

The centre was overseen by a suitably qualified and experienced person in charge. They were employed in a full-time capacity and had oversight of two designated centres, one of which was Hayden's Park Way.

There were structures in place to support the person in charge in fulfilling their regulatory responsibilities and overseeing the quality and safety of care. These structures included the appointment of a local team lead and a suite of local audits completed by the staff team.

Judgment: Compliant

Regulation 16: Training and staff development

Staff told the inspector that they felt well-supported in their roles. Staff were in receipt of regular individual supervision and also attended staff meetings. Minutes of staff meetings were maintained. The inspector reviewed copies of minutes of staff meetings from January, February and April of this year. The inspector saw that these covered topics relevant to the quality and safety of care in the centre.

A staff training record was maintained in the centre which was reviewed by the inspector. The inspector saw that there were a number of staff who required refresher training in various areas. For example, three staff were out of date with safeguarding training and two staff were out of date in training in first aid. This required review by the provider to ensure that staff had up-to-date knowledge and skills to provide safe care to the residents.

Staff had received additional training in specific areas relevant to their roles. This included in updating care plans and risk assessments. Staff told the inspector that this training was supporting them in fulfilling their responsibilities in these areas.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspector found that the provider had enhanced their oversight of the designated centre subsequent to the last inspection of the centre. The person in charge was seen to be in receipt of direct supervision and support from a service manager. The impact of this was that the person in charge had a forum to raise issues regarding the quality and safety of care to the provider level. The centre's risk register and risk assessments were reviewed at these supervision meetings. Action plans were devised where required from these sessions to ensure they were effective in driving service improvement.

The service manager attended the centre regularly which further supported the provider in having oversight of the day-to-day running of the centre. The service manager had attended staff meetings and provided education to staff on the management of risk in the centre. Staff told the inspector that, in respect of the management of a recent risk in the centre, they felt that the provider had responded in a timely and effective manner to guide them in managing this risk.

The provider had completed an annual review of the quality and safety of care in the centre in consultation with the residents. This review was found to be comprehensive and informed a quality improvement plan for the centre. The inspector reviewed the quality improvement plan and saw that actions were progressed which demonstrated that the provider's audits were being effective in driving service improvement.

Judgment: Compliant

Quality and safety

This section of the report describes the quality of the service and how safe it was for the residents who lived there. The inspector saw that the provider had taken action to ensure that residents were living in a clean, homely environment and was in the process of updating care plans at the time of inspection to ensure that residents' assessed needs were being monitored and provided for.

The provider had completed significant upkeep to the centre within the last regulatory cycle. The house had been recently painted and was seen to be clean, comfortable and homely. Residents told the inspector that they were happy with their bedrooms and with the facilities in the house.

The provider had enhanced their oversight of risk in the designated centre. There were now defined systems in place to ensure that the person in charge had a forum to raise risk to the provider level. However there was one risk assessment in the

centre which required review to ensure that it comprehensively controlled for the associated risk.

Staff told the inspector that they had received training in updating residents' care plans and that these were in the process of being updated at the time of inspection. The provider had identified that they required increased multi-disciplinary input in order to ensure oversight of residents' assessed needs and care plans. The provider was engaging with their funder in this regard. In the meantime, residents were referred through their general practitioners for community multi-disciplinary supports if required.

Overall, the inspector saw that the provider was enacting the actions as they set out to do in their compliance plan and was making progress in coming into compliance and ensuring the quality and safety of care.

Regulation 17: Premises

The premises of the designated centre was seen to be very clean, homely and well-maintained. The provider had completed premises upkeep including painting subsequent to the last inspection.

The inspector saw that there were sufficient private and communal space. Residents had access to a garden, kitchen and laundry facilities. The inspector saw resident using the facilities of their home to cook, clean and relax.

Residents told the inspector that they were happy with their home and with their bedrooms and personal space.

Judgment: Compliant

Regulation 26: Risk management procedures

The provider had a risk management policy in place. This policy had been reviewed and updated within the past three years as required by the Regulations.

The inspector reviewed the local risk register and associated risk assessments and saw that these were maintained in line with the provider's policy. Control measures detailed in individual risk assessments were seen to be proportionate and person-centred.

The provider had enhanced their oversight of risk in the designated centre. The risk register was reviewed by the service manager and person in charge at six-weekly intervals. This provided an opportunity for the person in charge to escalate risk to

the provider level and to ensure that the provider was informed of local risks.

The inspector found that one risk assessment, which was risk-rated as a high risk, required enhancement to ensure that there were sufficiently-detailed control measures to control for the risk. There was a risk of residents being unexpectedly absent from the centre for extended periods of time.

While the inspector was assured that the control measures implemented were person-centred, they were not assured that these were comprehensive enough to control for the risk.

The provider was asked to review the risk assessment and explore further control measures in consultation with the residents impacted by the risk to further ensure their safety while also upholding the residents' rights.

Judgment: Substantially compliant

Regulation 5: Individual assessment and personal plan

The inspector was told by staff that they had recently received training in updating residents' individual assessments and care plans. The inspector saw that residents' assessments and care plans were in the process of being updated at the time of inspection.

The inspector reviewed three of the resident's individual assessments and care plan and found that, while these residents had individual assessments on file, there remained gaps in their care plans. For example, staff told the inspector that one resident required support with the management of their finances and showed the inspector a printed money management plan.

However, there was no associated care plan linked with the resident's individual assessment on the provider's file. Another resident had attended speech and language therapy but was discharged from the service. This resident's care plan was not updated to reflected their discharge and the process for re-referral if required.

Residents in this centre had limited access to multi-disciplinary professionals to inform reviews of their individual assessment and care plans. The service manager showed the inspector that the provider had added a risk to the organisational risk register regarding the limited access to clinical services for residents and had submitted a business case to their funder in this regard. The person in charge showed the inspector that residents were referred to various multi-disciplinary professionals through their general practitioners.

However, it was not evident that resident's individual assessments and care plans were reviewed on an annual basis by these multi-disciplinary professionals.

Judgment: Substantially compliant

Regulation 7: Positive behavioural support

Staff in this centre had received training in managing behaviour that is challenging. Staff spoke to the inspector regarding residents' behaviour support plans and were well-informed regarding these.

Restrictive practices were logged in the centre and the inspector saw that residents were informed of these and that their consent was documented.

The inspector reviewed a behaviour support plan that was in place for one resident. The inspector saw that this was sufficiently detailed regarding proactive and reactive strategies to manage behaviour.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 7: Positive behavioural support	Compliant

Compliance Plan for Hayden's Park Way OSV-0005602

Inspection ID: MON-0043136

Date of inspection: 07/05/2024

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	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Management will ensure that all staff will be enrolled and completed any outstanding training / refresher training. Including first aid and safeguarding training.</p> <p>Management will ensure to review the training matrix monthly to ensure that staff are enrolled and complete any upcoming training, which will ensure training is completed prior to expiration date.</p>	
Regulation 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>High Rated Risk: This has been reviewed by local and senior management and clinical team. This has resulted in an updated comprehensive community access risk assessment. This is subject to ongoing review and amendment as required. Person Served was consulted with and agrees with the controls in place. The safeguarding and protection team have closed this concern.</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>Individual assessment and personal plans will be comprehensively reviewed to ensure that any relevant supports required are accompanied by an appropriated care plan and / or risk assessment.</p> <p>Individual assessment and personal plans will be comprehensively reviewed to ensure that information on any discharges from clinicians / other allied health professionals are appropriately recorded. Said information will include how to make a new referral should it be required.</p> <p>Individual assessment and personal plans will be comprehensively reviewed to ensure all relevant printed care plans or otherwise are appropriately linked to the relevant plans on the providers individual assessment management IT system.</p> <p>Individual assessment and personal plans will be comprehensively reviewed to ensure that persons served are referred to the appropriate clinicians / professions. This will be internally as capacity allows, and externally via primary care, GP or other medical / clinical professionals involved in the management of the plan. Said review will include review of respective care plans with the clinicians / professionals and will also log the designated review period as assigned by relevant clinicians / professionals.</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.	Substantially Compliant	Yellow	30/07/2024
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	30/06/2024
Regulation 05(4)(a)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre,	Substantially Compliant	Yellow	31/08/2024

	prepare a personal plan for the resident which reflects the resident's needs, as assessed in accordance with paragraph (1).			
Regulation 05(4)(b)	The person in charge shall, no later than 28 days after the resident is admitted to the designated centre, prepare a personal plan for the resident which outlines the supports required to maximise the resident's personal development in accordance with his or her wishes.	Substantially Compliant	Yellow	31/08/2024
Regulation 05(6)(a)	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 be multidisciplinary.	Substantially Compliant	Yellow	31/08/2024