



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 Company Limited by Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Short Notice Announced
Date of inspection:	12 May 2021
Centre ID:	OSV-0005602
Fieldwork ID:	MON-0032459

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.

Number of residents on the date of inspection:	4
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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
Wednesday 12 May 2021	10:00hrs to 15:00hrs	Maureen Burns Rees	Lead

What residents told us and what inspectors observed

From what the inspector observed, there was evidence that the residents had a good quality of life in which their independence and rehabilitation was promoted. Appropriate governance and management systems were in place which ensured that appropriate monitoring of the services provided was completed, in line with the requirements of the regulations. The inspector observed that the residents and their families were consulted with regarding the running of the centre and played an active role in decision-making within the centre.

The centre comprised of a five bedroomed, semi-detached house located in a quiet housing estate. The centre was home to four residents and there were no vacancies. At the time of inspection, one of the residents was transitioning to independent living and was staying at their new home. Consequently, there were only three residents present on the day of inspection.

The inspector met briefly with each of the three residents living in the centre. Conversations between the inspector and the residents took place from a two-metre distance, wearing the appropriate personal protective equipment and was time-limited in adherence with national guidance. Warm interactions between the residents and staff caring for them was observed. The residents met with, appeared in good form and comfortable in the company of staff and the inspector. Each of the residents told the inspector that they were happy living in the centre and enjoyed the company of their fellow residents and the staff team. Residents described the staff as 'kind', 'very supportive', 'caring' and 'respectful'. A number of the residents spoke with the inspector about the COVID-19 national restrictions and how it had impacted upon their lives, especially their contact with families. One of the residents spoke with the inspector about their rehabilitative journey and how they credited the centre and staff support for the considerable progress they had made since their admission to the centre some months previous.

There was an atmosphere of friendliness in the centre. One of the residents had a pet dog 'Sam' who also lived in the centre in a kennel in the back garden. It was evident that each of the residents was very fond of the dog and enjoyed assisting with caring for him. Numerous photos of each of the residents were on display. One of the residents had recently purchased their own washer/ dryer machine for their personal laundry which had been installed in their own en-suite bedroom. Residents were observed to prepare snacks and complete household chores. Staff were observed to interact with residents in a caring and respectful manner. For example, a staff member was observed having lunch with one of the residents and conversing with them about media topics whilst another staff member was observed to enjoy playing chess with one of the residents.

Overall, the house was found to be homely and comfortable and in a good state of repair. However, the back garden was in need of maintenance and further development. There were plans in place for same and for the introduction of an

outdoor garden room. However, these plans had been delayed because of the COVID-19 health emergency. The garden was a good size and included a decking and gravelled area with table and chairs for outdoor dining but the overall area was in need of attention. A number of the bedrooms visited, with the permission of residents, were observed to be an adequate size and to meet the individual resident's needs. Bedrooms were decorated according to individual resident's wishes and contained a personal television, family photographs, posters and various other belongings. This promoted residents' independence and dignity, and recognised their individuality and personal preferences. There were two dedicated areas where residents could use a laptop or computer.

There was evidence that residents and their representatives were consulted and communicated with, about decisions regarding their care and the running of their home. Each of the residents had regular one-to-one meetings with their assigned key workers. Residents were enabled to communicate their needs, preferences and choices at these meetings in relation to their rehabilitation goals, activities and meal choices. One of the residents from a different cultural and ethnic background had a key worker assigned from the same ethnic background. This resident's first language was not English. In an effort to promote consultation with this resident, key aspects of their plans and other information had been translated to their first language. Easy read versions of key information was also available for residents' access. The inspector met with the relatives of one of the residents on the day of inspection. The relative told the inspector that they were very happy with the care and support that their loved one was receiving and that the resident considered the centre their home. The provider had completed a survey with relatives and residents which had indicated that they were happy with the care being provided and the quality of the service.

Residents' rights were promoted by the care and support provided in the centre. Residents had access to advocacy services and a number of the residents had named advocates. There was information on rights and advocacy services observed to be available for residents to reference. Rights and responsibilities was a standing agenda item at the residents' monthly meetings. Two of the residents, following assessment, were responsible for administering and managing their own medications. There were house rules which outlined responsibilities for cooking, cleaning and treating each other with dignity and respect. The cultural days for one of the residents from a different ethnic background were celebrated in the centre. Staff supported this resident to cook meals from their country of origin.

Residents were actively supported and encouraged to maintain connections with their friends and families through a variety of communication resources, including video and voice calls. All visiting to the centre was restricted, in line with national guidance for COVID-19. Staff supported residents to make visits to their families, when appropriate.

Residents were supported to engage in meaningful activities in the centre. In line with national guidance regarding COVID-19, the centre had implemented a range of restrictions impacting residents' access to activities in the community. Each of the residents were engaged with a number of local services and programmes. The

delivery of these programmes had been impacted by national COVID-19 restrictions, but residents continued to engage in classes from the centre via video conferencing mediums. One of the resident's day services called to the centre once a week to link in with the resident and to deliver a package of activities. A weekly activity schedule was in place and led by each of the residents. Examples of activities that residents engaged in, included Jazz and zumba dancing, exercise classes, board games such as scrabble and chess, mosaic and art work, reading and literacy on-line programmes, social groups via video conferencing, music therapy, cooking, baking, brain training on-line course, computer activities and walks to local parks. There was a collection of DVDs, books and board games available for residents access. Before national COVID-19 restrictions, there was evidence that a number of the residents were active members of their local communities, participating in tidy towns and volunteering in a charity shop. With the lifting of restrictions it was proposed that residents would re-engage with other community activities.

The full complement of staff were in place at the time of inspection. The majority of staff had been working in the centre for an extended period. This meant that there was consistency of care for residents and enabled relationships between residents and staff to be maintained. The inspector noted that residents' rehabilitation needs and preferences were well known by the person in charge and staff met with.

The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

There were management systems and processes in place to promote the service provided to be safe, consistent and appropriate to residents' needs.

The person in charge was on extended leave at the time of inspection and the provider had appointed an interim acting person in charge. The acting person in charge was in a full time post and was also the acting person in charge for one other designated centre located nearby. She was suitably qualified and experienced and had previously been in the role of team leader in this centre. At the time of inspection, the provider was recruiting an acting team leader position for this centre to support the acting person in charge. A team leader supported the acting person in charge in the other centre for which she held responsibility.

There was a clearly defined management structure in place that identified lines of accountability and responsibility. This meant that all staff were aware of their responsibilities and who they were accountable to. The person in charge reported to the national services manager who in turn reported to the chief executive officer. The person in charge reported that she felt supported in her role and had regular formal and informal contact with her manager.

The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care on a six-monthly basis, as required by the regulations. A number of other audits and checks were completed on a regular basis. Examples of these included, medication, finance and health and safety. There was evidence that actions were taken to address issues identified in these audits and checks. There were regular resident meetings, staff meetings and separate management meetings, with evidence of communication of shared learning at these meetings. The provider had a COVID-19 safe resumption of services protocol in place, covering matters such as visiting and community services.

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. At the time of inspection, the full complement of staff were in place. This provided consistency of care for the residents. The actual and planned duty rosters were found to be maintained to a satisfactory level. A small panel of relief staff were used to cover staff leave.

Staff training had been provided to support staff in their role and to improve outcomes for the residents. There was a staff training and development policy. A training programme was in place and coordinated centrally. It was noted that the delivery of some training had been delayed and impacted by COVID-19 restrictions, but all mandatory training had been completed. There were no volunteers working in the centre at the time of inspection. Suitable staff supervision arrangements were in place. These were considered to support staff to perform their duties to the best of their abilities.

A record of all incidents occurring in the centre was maintained, and where required, these were notified to the Chief Inspector, within the time-lines required in the regulations.

Regulation 14: Persons in charge

The acting person in charge was found to be competent, with appropriate qualifications and management experience to manage the centre and to ensure it met its stated purpose, aims and objectives.

Judgment: Compliant

Regulation 15: Staffing

The staff team were found to have the right skills, qualifications and experience to meet the assessed needs of the residents. At the time of inspection the full complement of staff were in place.

Judgment: Compliant

Regulation 16: Training and staff development

Training had been provided to staff to support them in their role and to improve outcomes for residents. Suitable staff supervision arrangements were in place. It was noted that the delivery of some training had been delayed and impacted by COVID-19 restrictions, but all mandatory training had been completed.

Judgment: Compliant

Regulation 23: Governance and management

There were suitable governance and management arrangements in place. The provider had completed an annual review of the quality and safety of the service and unannounced visits to review the quality and safety of care on a six-monthly basis as required by the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the chief inspector in line with the requirements of the regulations.

Judgment: Compliant

Quality and safety

The residents living in this centre, appeared to receive care and support which was of a good quality, person centred and promoted their rights and rehabilitation. However, the garden required some maintenance and further development.

Residents' well being and welfare was maintained by a good standard of evidence-based care and support. Individual rehabilitation support plans reflected the assessed needs of residents and outlined the support required to maximise their personal rehabilitation in accordance with their individual health, personal and social

care needs and choices. There was evidence that person-centred developmental goals had been set for each of the residents and there was good evidence that progress in achieving the goals set was being monitored. Goals set were centred on health and well being, independent living skills and redeveloping skills to re-enter the workforce. It was noted that the achievement of some goals had been hindered because of COVID-19 national restrictions. An annual personal rehabilitation plan review had been completed for each of the residents in line with the requirements of the regulations.

The health and safety of the residents, visitors and staff were promoted and protected. Environmental and individual risk assessments had been completed and were subject to regular review. There was a risk management policy and local risk register in place. Health and safety checks were undertaken on a regular basis with appropriate actions taken to address issues identified. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents. Trending of all incidents was completed on a regular basis. This promoted opportunities for learning to improve services and prevent incidents and re-occurrences. Overall, there were low numbers of incidents in the centre. Precautions were in place against the risk of fire.

There were procedures in place for the prevention and control of infection. The provider had completed risk and self-assessments for COVID-19, and put a COVID-19 preparedness and service planning response plan in place, which was in line with the national guidance. The inspector observed that all areas appeared clean. A cleaning schedule was in place, which was overseen by the acting person in charge. Colour coded cleaning equipment was in place. Sufficient facilities for hand hygiene were observed and hand hygiene posters were on display. There were adequate arrangements in place for the disposal of waste. Specific training in relation to COVID-19, proper use of personal protective equipment and effective hand hygiene had been provided for staff. Staff and resident temperature checks were being taken at regular intervals, and on all entries to the centre. Disposable surgical face masks were being used by staff whilst in close contact with residents.

There were measures in place to protect residents from being harmed or suffering from abuse. Allegations or suspicions of abuse were managed appropriately. Overall, each of the residents were considered to be compatible and get on well together. However, in the preceding period there had been an increased trend of peer to peer incidents. Incidents were found to have been appropriately managed. Safeguarding plans had been put in place where required and were subject to regular review. There were no restrictive practices in use in the centre.

Regulation 17: Premises

The centre was found to be homely, comfortable and in a good state of repair. However, the back garden required maintenance and further development.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. Environmental and individual risk assessments were on file which had been recently reviewed. There were arrangements in place for investigating and learning from incidents and adverse events involving the residents.

Judgment: Compliant

Regulation 27: Protection against infection

There were suitable procedures in place for the prevention and control of infection which were in line with national guidance for the management of COVID-19. A cleaning schedule was in place and the centre appeared clean. A COVID-19 preparedness and service planning response plan was in place which was in line with the national guidance. The provider had a COVID-19 safe resumption of services protocols in place which covered areas including resumption of visiting.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable precautions were in place against the risk of fire. Fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company. There were adequate means of escape and a fire assembly point was identified in an area to the front of the house. A procedure for the safe evacuation of residents in the event of fire was prominently displayed. Each of the residents had a personal emergency evacuation plan which adequately accounted for the mobility and cognitive understanding of the individual resident. Fire drills involving the residents had been undertaken at regular intervals and it was noted that the centre was evacuated in a timely manner.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support. Individual rehabilitation support plans reflected the assessed needs of the individual resident and outlined the support required to maximise their personal rehabilitation in accordance with their individual health, personal and social care needs and choices.

Judgment: Compliant

Regulation 6: Health care

Residents' healthcare needs appeared to be met by the care provided in the centre. Individual health plans, weight maintenance, exercise regimes and health promotion plans were in place. There was evidence residents had regular visits to their general practitioners (GPs). There was an exercise bike in the centre for residents use.

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents appeared to be provided with appropriate emotional and behavioural support. On occasions, the behaviours of a number of the residents could be difficult for staff to manage in a group living environment. However, overall these incidents were found to be well managed. Behaviour support plans were in place for residents identified to require same and these were subject to regular review. There were no restrictive practices used in the centre.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. Allegations or suspicions of abuse were managed appropriately. Safeguarding plans had been put in place where required and were subject to regular review.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were promoted by the care and support provided in the centre. Residents had access to advocacy services should they so wish. There was information on rights and advocacy services observed on the notice board. There was evidence of active consultations with residents regarding their care and the running of the house. Residents' meetings were completed on a monthly basis. Residents' rights were noted to be discussed at these meetings. Two of the residents following assessment were engaged in self-medicating.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Hayden's Park Way OSV-0005602

Inspection ID: MON-0032459

Date of inspection: 12/05/2021

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: A plan to renovate the Back Garden has been developed. Stage 1: Weeding and Tidying to be completed by 20/06/2021 Stage 2: New Garden Room to be installed by 14/08/2021. Stage 3: Landscaping of Garden to be completed by 30/09/2021	

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.	Substantially Compliant	Yellow	30/09/2021