



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

Issued by the Chief Inspector

Name of designated centre:	The Grange
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Dublin 24
Type of inspection:	Short Notice Announced
Date of inspection:	14 January 2021
Centre ID:	OSV-0001524
Fieldwork ID:	MON-0031121

About the designated centre

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

The Grange is a four bed residential neuro-rehabilitation service. It follows a non-nursing model of care and supports a bio-psycho-social model. The service provides individualised, community based supports, designed to maximise the quality of life for each person living with an Acquired Brain Injury (ABI). This service is based in the community and can accommodate four adults with an ABI. The Grange is a five bedroom detached home located in Co. Dublin close to many local amenities and public transport links. Each resident has their own bedroom with access to a kitchen, dining room, living room, bathrooms and a garden area. The service is staffed 24 hours, seven days a week by Neuro Rehabilitation Assistants and a Team Leader. The team receives supports from a Person in Charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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
Thursday 14 January 2021	10:30hrs to 14:30hrs	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 by the provider in line with the requirements of the regulations.

The centre comprised of a five bedroom house. The centre was registered to accommodate up to four residents. There was one vacancy at the time of inspection and one further resident had been residing in a nursing home for the preceding period. Consequently there were only two residents residing in the centre on the day of inspection.

On this inspection, the inspector met briefly with one of the two residents living in the centre. The second resident was engaged in a number of video conferencing meetings so was unable to meet with the inspector. Warm interactions between the residents and staff caring for them was observed. The resident met with appeared in good form and comfortable in the company of staff and the inspector. This resident told the inspector that they were happy living in the centre and enjoyed the company of their fellow resident and the staff team. The resident spoken with told the inspector about how the COVID-19 national restrictions had impacted on their daily routines in the community. However, they indicated that they had coped well and kept themselves occupied by continuing to engage in various groups via video conferencing. This resident told the inspector that each resident prepared their own meals with the assistance of staff where required.

There was an atmosphere of friendliness in the centre. Numerous photos of each of the residents were on display. One of the residents could be heard singing to themselves and another resident spoke with staff about current affair matters. Staff were observed to interact with residents in a caring and respectful manner. For example, staff were overheard knocking and seeking permission to enter a resident's bedroom whilst another staff member was observed to share jokes and banter with a resident in a courteous manner.

The centre was found to be comfortable and homely. It was noted that there was some chipped paint on woodwork and walls on the hallway and one of the bedrooms down stairs. It was noted that these had most likely been caused by mobility aids used by one of the residents. The centre had adequate space for residents with good sized communal areas, including a sitting room and kitchen come dining room. Each of the residents had their own bedroom which had been personalised to their own taste. This promoted residents' independence and dignity, and recognised their individuality and personal preferences. The centre had a good sized garden for residents to use. This included an outdoor green house with a planting area which one of the residents enjoyed caring for. It was noted that seeds

had been planted but that a crop of tomatoes had been harvested in the preceding period. There were also a number of flower beds in the garden and it was noted that the planting of shrubs was underway. An outdoor Gazebo had been erected for visiting with social distancing when it had been allowed under national guidance for COVID-19.

There was evidence that residents and their representatives were consulted with 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 meeting in relation to their rehabilitation goals, activities and meal choices. The inspector did not have an opportunity to meet with the relatives or representatives of any of the residents but it was reported that they were happy with the care and support that the residents were receiving. The provider had completed a survey with relatives and residents as part of their annual review which indicated that they were happy with the care and support being provided for their loved ones.

Residents rights were promoted by the care and support provided in the centre. Residents had access to advocacy services. There was information on rights and advocacy services observed on the notice board in the kitchen for residents reference.

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. A weekly activity schedule was in place and led by each of the residents. Examples of activities that residents engaged in included, cooking, walks to local scenic areas, drives, arts and crafts, board games and listening to music. Residents also engaged in a number of activities and classes via a video conferencing medium. Examples included, quizlet, social group, Irish class, baking group, music therapy, bingo and mindfulness classes. Both of the residents were engaged at various levels of self medicating which was being promoted by staff.

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' needs and preferences were well known by the person in charge.

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 centre was managed by a suitably qualified and experienced person. She had a good knowledge of the assessed needs and support requirements for each of the residents. The person in charge held a Degree in social care, a Masters in child, family and community studies, and a Certificate in leadership and management. She had more than seven years management experience. She was in a full time position but was also responsible for one other centre located a relatively short distance away. She was supported by a team leader in this centre and in the other centre for which she held responsibilities. In the preceding period, the person in charge had commenced joining the handover meeting in each of the centres she was responsible for via video conferencing, on days she was not physically in the centre.

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. The person in charge and or team leader undertook a service audit on a three monthly basis which covered social care file and individual rehabilitation file. A number of other audits and checks were completed on a regular basis. Examples of these included, medication, files, restraint 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 separately management meetings with evidence of communication of shared learning at these meetings. Resident meetings were scheduled to occur directly before staff meetings so that any issues raised could be discussed promptly at the staff meetings.

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.

Training had been provided to staff to support them 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. 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 timelines required in the regulations.

Regulation 14: Persons in charge

The 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.

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 3: Statement of purpose

The statement of purpose set out the aims, objectives and ethos of the designated centre. It also stated the facilities and services which were provided for residents. It contained all of the information required by Schedule 1 of the Regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications of incidents were reported to the office of 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.

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 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. There was evidence that person centred goals had been set for each of the residents and there was good evidence that progress in achieving the goals set were being monitored. 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 incidences.

Precautions were in place against the risk of fire. There was documentary evidence that the fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company and checked regularly as part of internal checks. 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.

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 in the centre appeared clean. A cleaning schedule was in place which was overseen by the 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 and recorded on a screening form. 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. There had been one allegations or suspicions of abuse in the preceding period and this had been appropriately managed. Individual intimate and personal care plans were in place which provided a good level of detail to guide staff in supporting residents in relation to their intimate and personal care needs. Overall the residents residing in the centre did not present with behaviour that challenged and enjoyed living together.

Regulation 17: Premises

The centre was found to be homely and comfortable. However, some chipped paint on woodwork and walls was observed on the hallway and one of the bedrooms downstairs. It was noted that these had most likely been caused by mobility aids used by one of the residents.

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.

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.

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. A procedure for the safe evacuation of residents in the event of fire was prominently displayed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Resident's 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 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, health promotion and dietary assessment plans were in place. There was evidence residents had regular visits to their general practitioners.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. There had been one allegations or suspicions of abuse in the preceding period and this had been appropriately managed and investigated.

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. There was information on rights and advocacy services observed on the notice board in the kitchen for residents reference. There was evidence of active consultations with residents regarding their care and the running of the house. The two residents were engaged at various levels of self medicating which was being promoted by staff.

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 3: Statement of purpose	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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for The Grange OSV-0001524

Inspection ID: MON-0031121

Date of inspection: 14/01/2021

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: Woodwork and walls in hall and bedroom downstairs. This will be completed by 30/06/2021.	

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	30/06/2021