



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

Issued by the Chief Inspector

Name of designated centre:	Mobhi Road
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Dublin 9
Type of inspection:	Short Notice Announced
Date of inspection:	24 February 2021
Centre ID:	OSV-0001525
Fieldwork ID:	MON-0025318

About the designated centre

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

Mobhi Road is a designated centre based in a suburban North Dublin area which can support five individuals with acquired brain injuries. The designated centre is comprised of one three storey semi-detached building with an enclosed garden space to the rear. The ground floor of the premises are made up of an entrance hallway, a sitting room, an open plan kitchen and dining space with an small utility room, a main bathroom, and two residents' bedrooms. The second floor is comprised of three resident bedrooms all with en suite facilities, and a staff office and sleep over room. There is a second shared bathroom and another staff sleep over room which also acts as an office on the second floor of the building. The outdoor spaces included a driveway to the front with space for parking several vehicles, and to the rear a landscaped garden space with paved areas, smoking shelter and outdoor dining area. The designated centre provides 24 hour residential supports to residents through a staff team of rehabilitative assistants, team leaders and a person in charge. The designated centre provides services to residents through a rehabilitative, person centered and rights based approach.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	5
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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
Wednesday 24 February 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 by the provider, 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 three storey, semi-detached house. The centre was home to five residents and there were no vacancies. At the time of inspection, one of the residents was staying at their family home. Consequently, there were only four residents present on the day of inspection.

The inspector met briefly with each of the four 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 their families.

There was an atmosphere of friendliness in the centre. Numerous photos of each of the residents were on display. There were also two clay modelled houses on display, which had been built by residents. One of the residents provided the inspector with a tour of the garden, the communal areas in the centre and their own bedroom. It was evident that this resident was proud of their home. A pet dog 'Nipper' welcomed the inspector and each of the residents spoke fondly about their pet. Residents were observed to prepare snacks and complete household chores. Two residents were observed to be supported by staff to plant seeds in boxes in a mini greenhouse in the back garden. Two residents were observed to enjoy each other's company in the back garden which had a sheltered seating area and to go for a walk together. Staff were observed to interact with residents in a caring and respectful manner. For example, staff were overheard respectfully conversing with a resident about contact with their family, whilst another staff member assisted a resident with pruning and other gardening tasks.

Overall, the house was found to be homely and comfortable. However, there was some chipped paint on walls and woodwork in some areas and the carpet on stairs and landing appeared worn. Residents had their own bedroom and en-suite facilities. 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 personal television, family photographs, posters and various other belongings. This promoted residents' independence and dignity, and recognised their individuality and personal preferences. There was a nice sized garden to the rear of the centre which included a table and chairs for outdoor dining, a water feature, raised flower beds, a mini greenhouse and a separate sheltered seating area. A mural had been painted on the garden wall by residents and staff members.

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 meetings in relation to their rehabilitation goals, activities and meal choices. One of the residents was noted to have a goal set in relation to infection control and social distancing guidelines which they were being supported to achieve. 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 to be available for residents to reference. Residents' personal plans included clear detail on how to support each resident with their personal and intimate needs which ensured that the dignity of each resident was promoted. Residents' rights were discussed at residents' meetings on a monthly basis.

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. A number of the residents went for regular walks individual family members in the local area.

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 and some day service programmes had recently re-opened. A weekly activity schedule was in place and led by each of the residents. Examples of activities that residents engaged in, included music therapy, cooking, baking, gardening, board games, photography, computer activities, walks to local parks and to meet individual family members outdoor. One of the residents was completing

their final year in a college placement with all lectures online which was being supported by staff. Another resident had a part-time job which had been temporarily suspended because of COVID-19 national restrictions. It was noted that the five residents enjoyed activities together and a number of group activities were completed on set evenings each week. For example, race night, poker night and movie night. Before national COVID-19 restrictions, there was evidence that a number of the residents were active members of their local communities and continued to engage in various community and social groups via video conferencing.

The full complement of staff were in place at the time of inspection. Two new members of staff had recently taken up positions. However, 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 centre was managed by a suitably qualified and experienced person. The person in charge had taken up the position in October 2020. 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 sociology and social policy and a certificate in management. She had more than five years management experience. She was in a full-time position, but was also responsible for one other centre and a small community service located a relatively short distance away. She was supported by two part-time team leaders in this centre and a full-time team leader in the other centre for which she held responsibilities.

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,

food and dining, 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 separate management meetings, with evidence of communication of shared learning at these 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. The staff rota had been reconfigured in the preceding period to better meet residents' needs. 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 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, some improvements were required for the maintenance and upkeep of the premises.

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. 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 was documentary evidence that fire fighting equipment, emergency lighting and the fire alarm system were serviced at regular intervals by an external company and checked intermittently 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 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. Staff completed a weekly screening form in relation to COVID-19. Disposable surgical face masks were being used by staff whilst in close contact with residents. There had been no confirmed cases of COVID-19 for staff or residents, at the time of inspection.

There were measures in place to protect residents from being harmed or suffering from abuse. There had been no allegations or suspicions of abuse in the preceding period. Intimate and personal care plans in place for residents provided a good level of detail to support staff in meeting resident's intimate care needs. Each of the five residents were considered to be compatible and get on well together. Behaviour escalation and behaviour incident management plans were in place for residents identified who could require same.

Regulation 17: Premises
Overall, the house was found to be homely and comfortable. However, chipped paint on walls and wood work in some areas was observed and the carpet on the stairs and landing appeared worn.
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
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

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, health promotion and dietary assessment plans were in place. There was evidence residents had regular visits to their general practitioners (GPs).

Judgment: Compliant

Regulation 7: Positive behavioural support

Residents appeared to be provided with appropriate emotional and behavioural support. Behaviour support plans were in place for residents identified to require same and these were subject to regular review. However, overall there were minimal levels of behaviour that challenges presented by the residents living in this centre.

Judgment: Compliant

Regulation 8: Protection

There were measures in place to protect residents from being harmed or suffering from abuse. There had been no allegations or suspicions of abuse in the preceding period. Intimate and personal care plans in place for residents identified to require same provided a good level of detail to support staff in meeting individual resident's intimate care needs.

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. One of the residents had been assessed and was 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 Mobhi Road OSV-0001525

Inspection ID: MON-0025318

Date of inspection: 24/02/2021

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: We have applied to the HSE for funding for the whole premises to be repainted. We plan to get this work carried out if restrictions are eased after the 5.4.2021. We have received a grant for a new kitchen and this will be fitted in April/May also. The carpet will be replaced in April also.	

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