



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

## Issued by the Chief Inspector

|                            |  |
|----------------------------|--|
| Name of designated centre: | Rochestown Avenue  |
| Name of provider:          | Peter Bradley Foundation<br>Company Limited by Guarantee |
| Address of centre:         | Co. Dublin   |
| Type of inspection:        | Short Notice Announced                                   |
| Date of inspection:        | 06 January 2021  |
| Centre ID:                 | OSV-0001526  |
| Fieldwork ID:              | MON-0031120  |

## About the designated centre

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

The designated centre provides 24 hour residential care to five adults with acquired brain injuries. The centre is comprised of a large semi-detached house and adjoining self-contained apartment in a South County Dublin suburban area. In the main house there is a entrance hallway with a stairwell to the first floor and a main bathroom. Also found on the ground floor are a large sitting and living room, a spacious dining room with kitchen, and an exit to a decked area in a spacious rear garden. This area also houses an external laundry room. The first floor of the building contains four resident bedrooms (all with en suite facilities) and two staff sleep over and office spaces (both with en suite facilities). On the ground floor, adjacent to the main building, is a separate apartment which contains a bedroom, bathroom, modest sized kitchen area, and a living room. The person in charge works part-time at this centre and is supported in their role by a full-time team leader, and by a staff team of rehabilitative assistants. The whole time equivalent of rehabilitative assistants is 7.0, and of the team leader and person in charge is 1.5. A service transport vehicle is provided to assist residents attend social activities and to facilitate develop networks with the wider community.

**The following information outlines some additional data on this centre.**

|  |   |
|--|---|
| Number of residents on the date of inspection: | 4 |
|--|---|

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 6<br>January 2021 | 10:30hrs to<br>16:00hrs | Maureen Burns<br>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. However, there were some areas for improvement in relation to fire safety and upkeep of the premises. 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 large semi-detached house and adjoining self-contained apartment. The centre was registered to accommodate up to five residents, four in main house and one in the self contained apartment. There were one vacancy at the time of inspection and consequently only three residents were living in the main house. A new resident had been identified to transition to the centre who had visited on a number of occasions and chosen paint colour and soft furnishings for their proposed bedroom. A compatibility and environmental assessment had been completed to establish if the centre would be suitable for the individual and the impact for the other residents.

On this inspection, the inspector met briefly with the three residents living in the main house. 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. Residents were observed to enjoy watching a television programme and going for a walk with staff. Residents spoken with indicated that they were happy living in the centre and enjoyed the company of their fellow residents and the staff team. The residents spoken with outlined how the COVID-19 national restrictions had impacted on their daily routines in the community. However, they spoke warmly about activities that they had engaged in from the centre with staff and the other residents. For example, exercise classes with 'Joe Wicks', baking and enjoying meals together.

There was an atmosphere of friendliness in the centre. Numerous photos of each of the residents and pieces of pottery and art work which individual residents had created were on display. Outside, a number of raised flower beds were on display which residents reported that they enjoyed caring for. Staff were observed to interact with residents in a caring and respectful manner. For example, staff were overheard knocking and seeking permission to enter resident's bedrooms and encouraging residents to wrap up warm when going outside because of poor weather conditions.

The centre was found to be comfortable and homely. It was noted that some areas would benefit from repainting and flooring upgrade. The centre had a good sized and well maintained garden for residents to use. This included a seating area for residents use, bird feeders, swing ball set and three recently installed pieces of outdoor exercise equipment. Residents spoken with reported that they enjoyed using the equipment especially in the current period when they could no longer avail

of their gym membership because of COVID-19 restrictions. 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 ensuite bedroom which had been personalised to their own taste. This promoted residents' independence and dignity, and recognised their individuality and personal preferences.

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 activities and meal choices. These meetings also focused on promoting residents' independence and organisational skills. 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 as part of their annual review which indicated that they were happy with the care and support being provided for their loved ones.

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 in a day service programme. The delivery of this programme 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 led by each of the residents. Examples of activities that residents engaged in included, walks to local scenic areas, drives, arts and crafts, board games, listening to music and pottery. Residents also engaged in a number of activities and classes via a video conferencing medium. Examples included, quizlet, music therapy and exercise classes. Staff supported a number of residents to visit their family homes at regular intervals. The centre had a vehicle for use by the residents. Three 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 with the exception of one vacancy with the departure of one staff member on the week of the inspection. It was reported that recruitment was underway for this position and the vacancy was being covered by a regular relief member of staff. Two staff members had started working in the centre within the preceding five month period but the majority of the staff team 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 to staff met with and the person in charge.

## 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 community management and a Certificate in development and leadership. She had more than 13 years management experience. The person in charge was in a full time position but was also responsible for one other centre located a relatively short driving distance away. She was supported by a team leader in this centre and 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. The person in charge and or team leader had undertaken a number of other audits and checks in the centre 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 staff meetings and separately 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 with the exception of one staff member who had departed on the week of this inspection. 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. However, it was noted there was a small deficit in some training for two new members of staff who had started working in the centre in the preceding five month period. 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 with the exception on one vacancy which arose the week of this inspection. Recruitment was reportedly underway for the position.

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. However, it was noted there was a small deficit in some training for two new members of staff who had started working in the centre in the preceding five month period. Suitable staff supervision arrangements were in place.

Judgment: Substantially 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 office of the chief inspector in line with the requirements of the regulations.

Judgment: Compliant

### Quality and safety

The residents living in the house visited, appeared to receive care and support which was of a good quality, person centred and promoted their rights. However some improvements were required in relation to the upkeep of the premises and fire safety arrangements.

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 for three of the four residents had been completed in the last 12 months in line with the requirements of the regulations. An annual review for the fourth resident was planned.

The health and safety of the residents, visitors and staff were promoted and protected. However, it was identified that some environmental risk assessments had not been reviewed for an extended period. This was not in line with best practice and meant that risks identified and measures in place to control and manage said risks may not be appropriate. There was a risk management policy, local risk register and individual risk assessments for the residents. Health and safety audits 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. However, it was identified that the fire alarm system was over due for quarterly servicing and fire doors were required to be installed for bedroom doors on the first floor. There was documentary evidence that the fire fighting equipment was 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. However, it was noted that a small number of surfaces in the centre were worn or broken which meant that these surfaces could be difficult to clean from an infection control perspective. The provider had completed risk and self assessments, and put a COVID-19 contingency 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 and exits from the centre and recorded on a screening form. Disposable surgical face masks were being used by staff whilst in close contact with residents in the centre. There had been one confirmed staff case of COVID-19 in the centre nine months previous. This staff member had since recovered and returned to work but there were no further cases.

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. 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. Behaviour support plans were in place for residents identified to require same. Protocols were in place for restrictive procedures and these were subject to regular review.

## Regulation 17: Premises

The house visited was found to be homely and comfortable. However, it was noted

that a number of areas required repainting and flooring in a number of areas was worn and identified for replacement. The work surfaces in the kitchen were also identified to be worn and broken in a number of areas.

Judgment: Substantially compliant

### Regulation 26: Risk management procedures

The health and safety of the residents, visitors and staff were promoted and protected. However, it was identified that some environmental risk assessments had not been reviewed for an extended period.

Judgment: Substantially 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. However, it was noted that a small number of surfaces in the centre were worn or broken which meant that these surfaces could be difficult to clean from an infection control perspective.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

Precautions were in place against the risk of fire. However, it was identified that the fire alarm system was over due for quarterly servicing and fire doors were required to be installed for bedroom doors on the first floor.

Judgment: Substantially 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.

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 were no allegations or suspicions of abuse in the preceding period.

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 evidence of active consultations with residents regarding their care and the running of the house. Three of the 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                |
|---|-------------------------|
| <b>Capacity and capability</b>                        |                         |
| Regulation 14: Persons in charge                      | Compliant               |
| Regulation 15: Staffing                               | Compliant               |
| Regulation 16: Training and staff development         | Substantially compliant |
| Regulation 23: Governance and management              | Compliant               |
| Regulation 31: Notification of incidents              | Compliant               |
| <b>Quality and safety</b>                             |                         |
| Regulation 17: Premises                               | Substantially compliant |
| Regulation 26: Risk management procedures             | Substantially compliant |
| Regulation 27: Protection against infection           | Substantially compliant |
| Regulation 28: Fire precautions                       | Substantially 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 Rochestown Avenue OSV-0001526

Inspection ID: MON-0031120

Date of inspection: 06/01/2021

## 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 16: Training and staff development  | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 16: Training and staff development:<br>Training which had been affected by Covid restrictions were First Aid and MAPA for 2 new staff members as these must be completed in person and cannot be completely remotely.<br><br>- Face to Face First Aid training has been scheduled for February 16th 2021<br>- MAPA training will be scheduled by 31st March 2021   |                         |
| Regulation 17: Premises  | Substantially Compliant |
| Outline how you are going to come into compliance with Regulation 17: Premises:<br>- PIC arranged and held meeting with housing manager on 03.02.21 to discuss maintenance plan for 2021. Action plan with timeframes for completion of works discussed<br>- New laminate flooring will be installed in 3 bedrooms in order of priority by 31/08/21<br>- Quotes for painting of the house will be sourced when level 5 restrictions are lifted<br>- Interior of the house will be painted in 2 phases: downstairs will be painted by 30/06/21, upstairs will be painted once bedroom flooring works completed<br>- New kitchen counter top will be installed by 28/02/21 |                         |

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|---|-------------------------|
|   |                         |
| Regulation 26: Risk management procedures   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:<br/> Building risk assessment was reviewed and updated by PIC 26.01.21</p>   |                         |
| Regulation 27: Protection against infection   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 27: Protection against infection:<br/> Kitchen counter top will be replaced by 31.3.21</p>   |                         |
| Regulation 28: Fire precautions   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> <li>- Fire doors: Supplier identified, quotes received and final costings were submitted to the HSE 04.01.21. HSE to confirm release of funds to purchase fire doors</li> <li>- Fire alarm had been booked with Apex Fire prior to inspection and was completed at 3.30pm on the day of the inspection</li> </ul> |                         |



## 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      | 31/03/2021               |
| 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      | 31/08/2021               |
| Regulation 26(2)    | The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and  | Substantially Compliant | Yellow      | 26/01/2021               |

|                          |   |                         |        |            |
|--------------------------|---|-------------------------|--------|------------|
|                          | ongoing review of risk, including a system for responding to emergencies.   |                         |        |            |
| Regulation 27            | The registered provider shall ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority. | Substantially Compliant | Yellow | 31/03/2021 |
| Regulation 28(2)(b)(i)   | The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.   | Substantially Compliant | Yellow | 31/03/2021 |
| Regulation 28(2)(b)(iii) | The registered provider shall make adequate arrangements for testing fire equipment.  | Substantially Compliant | Yellow | 06/01/2021 |