



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

## Issued by the Chief Inspector

Name of designated centre:	Rushbrook - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	23 March 2022
Centre ID:	OSV-0003088
Fieldwork ID:	MON-0027706

## About the designated centre

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

Rushbrook is a community residential home for up to three adult with an intellectual disability with low support needs. The aim of the centre is to support the residents to be independent and to be full participants in their local community in accordance with their retirement plans. The house is located in a village in North West Dublin and is close to a variety of local amenities such as hairdressers, beauticians, pharmacy, shops, pubs, churches and parks. Residents have access to a kitchen where they can prepare meals a dining room and a sitting room. There is one double and three single bedrooms in the house. All residents have their own bedrooms and another single room is used by staff as an office and sleepover room. Residents also have access to a secure garden space. The staff team comprises of a person in charge and social care workers.

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

Number of residents on the date of inspection:	3
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 23 March 2022	09:30hrs to 15:15hrs	Thomas Hogan	Lead

## What residents told us and what inspectors observed

From meeting with residents and from what the inspector observed, it was clear that the individuals availing of the services of this centre were in receipt of good quality and safe care and support. Residents in this centre were being supported to enjoy a good quality of life in a homely, warm and person-centred environment. Residents provided the inspector with very positive feedback about their experiences of living in the centre and communicated that they felt safe, respected and were happy with their living arrangements.

The inspector met with all three residents during the course of the inspection. They told the inspector that they were very happy living in the centre and really enjoyed the company and friendship of each other. One resident told the inspector "I am so happy living here, I just love everything about Rushbrook". Another resident who recently moved into the centre explained how the move had improved her life and allowed for easier access to their friends and natural support networks. They added; "the staff are just brilliant here" while another resident was also complimentary of the staff team but raised a concern about continuity of care and support due to a "high turnover of staff".

The inspector found that there was a homely and warm atmosphere in the centre where residents were encouraged to live as independent lives as possible and to contribute towards the day-to-day operations. During the course of the inspection, residents were observed going out for lunch with each other independently and visiting friends in the locality and travelling by public transport. Residents also were watching television and told the inspector about the dramas which they followed and enjoyed. Residents were also involved in planning the location for a meal out in a restaurant to celebrate a staff member who was transferring to another centre and wanted to mark the occasion together.

In addition to meeting with residents, the inspector received two completed resident questionnaires. The questionnaires asked for participant feedback on a number of areas including general satisfaction with the service being delivered, bedroom accommodation, food and mealtime experience, arrangements for visitors to the centre, personal rights, activities, staffing supports and complaints. There was very positive feedback provided in the completed questionnaires with respondents indicating that they were very satisfied with the service they were in receipt of. One resident stated that they enjoyed "going out independently, flower arranging, eating out and using public transport". They added that they enjoyed "being part of the local community". Another resident stated that they "had no complaints" and were "very happy with everything".

The inspector observed that the staff team were respectful in their interactions with residents and treated them in a kind and patient manner. They were observed to act in a dignified manner through knocking on doors of bedrooms and bathrooms before entering and by speaking about residents and their needs in a sensitive and

respectful way. The staff team knew the individual needs of residents very well including their preferences and methods of communication. The residents were observed to be very comfortable in the company of the staff team and communicated with them with ease.

There was evidence available to the inspector to clearly demonstrate that the residents enjoyed a good quality of life while living in this centre. Residents were supported to engage in a wide range of meaningful activities and to develop and maintain valued social roles in their local community. There was a local culture present in the centre which valued the contributions of residents and promoted and protected their rights. The person-centred and human rights based approach was embedded in the day-to-day practices of the staff team and resulted in residents having control over their daily lives, being provided with choices and the provision of care and support in a dignified and private manner. There were regular resident meetings taking place within the centre where residents were consulted with. A range of issues were discussed at these forums including activities, COVID-19, fire safety, complaints, safeguarding, advocacy, general news, and staff rosters.

Overall, the inspector found that residents were experiencing a good quality of life while availing of the services of this centre. There were good outcomes for residents as a result of the services provided. The inspector found, however, that the registered provider had not appropriately followed up on a number of actions which were identified at the time of the last inspection. This lack of follow up resulted in a number of non-compliances with the regulations and are detailed in the following sections of the report.

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

## Capacity and capability

The inspector found that there were strong local management arrangements in place in this centre, however, there was limited oversight of the services provided by the registered provider. While the findings of the inspection were positive overall, it was clear that the registered provider had failed to address the actions identified during the previous inspection of this centre in July 2021.

The inspector met with the person in charge on the day of the inspection and found that they were a suitably skilled, competent, motivated and committed to providing services of a high standard in the centre. The person in charge was found to have created a positive and open culture in the centre and ensured that a person-centred and human rights based approach to the provision of care and support was created and sustained. The inspector found that they were committed to ongoing quality improvement and had a clear understanding and vision of the service to be provided

in the centre.

While there were strong governance and management arrangements in place locally in the centre, the inspector found that the registered provider had not ensured that appropriate supports were in place for the person in charge and staff team. For example, while the person in charge had made several attempts to resolve an action relating to fire containment which was identified at the time of the last inspection of the centre, the registered provider failed to ensure that the resources required to resolve the matter were approved. Similarly, the person in charge had made every effort to ensure that vacancies within the staff team were filled by regular relief or agency staff members, however, the registered provider did not facilitate this approach and instead applied a more generic approach which resulted in discontinuity of care and support for residents.

A review of staffing arrangements found that of the 3.0 full time equivalent (FTE) posts in the centre that there were 2.0 FTE vacancies. There was no plan in place, on the part of the registered provider, to fill those vacancies and the person in charge had not been made aware of how this was to be resolved despite providing short and medium term solutions to the management team. In a one month period of staff off duty records reviewed, the inspector found that 30 per cent of all hours worked were by agency and relief staff members. The inspector also found that this number was to increase with a permanent staff member leaving the centre to work in another area. Planned staff off duty records in place were found not to contain the names of staff members for planned shifts. The registered provider was filling these shifts on the morning of the shifts in some instances. For example, the off duty for the week of the inspection had five unfilled shifts contained within it and both the residents group and the staff team were not aware of who would work on these days. One resident expressed frustration with this arrangement stating: "we don't know who is coming on duty anymore, it's not fair for us really".

### Regulation 15: Staffing

The inspector found that continuity of care and support was not provided to residents due to the significant reliance on agency and relief staff to supplement the permanent staff team in the centre. Staff off duties were not maintained as per the requirements of the regulations as they did not contain the names of staff members who would be working in the centre. The systems employed by the registered provider to ensure that the centre was appropriately staffed were not effective and did not promote a person-centred approach. There was an overall absence of contingency planning on the part of the registered provider in this regard along with an absence of evaluation of staffing arrangements to ensure that the systems employed were effective and safe.

Judgment: Not compliant

## Regulation 16: Training and staff development

There were appropriate arrangements in place to ensure that all staff members had received training and refresher training in courses described by the registered provider as being mandatory. Training provided included fire safety, food safety, hand hygiene, safe administration of medication, child protection, safeguarding, manual handling, breaking the chain of infection, and the use of personal protective equipment. While there were appropriate arrangements in place for the supervision of the permanent members of the staff team, the inspector found that there were no such arrangements for the supervision of relief and agency staff members who were working in the centre.

Judgment: Substantially compliant

## Regulation 22: Insurance

There was written confirmation that valid insurance was in place including injury to residents.

Judgment: Compliant

## Regulation 23: Governance and management

There was good governance arrangements in place in the centre locally on the part of the person in charge, however, the inspector found that the registered provider had not provided appropriate supports or oversight of the care and support being delivered. A number of actions set out in the compliance plan response submitted following the previous inspection had not been completed by the provider. In addition, the centre was not appropriately resourced to meet the needs of the resident group.

Judgment: Not compliant

## Regulation 3: Statement of purpose

The centre's statement of purpose (dated 23 March 2022) was reviewed by the inspector and was found to contain all requirements of Schedule 1 of the regulations.



Judgment: Compliant

### Regulation 34: Complaints procedure

The inspector found that the registered provider had developed and implemented effective systems for the management of complaints in the centre. Residents were encouraged and supported to express any concerns they had and it was clear that there was a culture of openness and transparency in the centre which welcomed feedback. There was a complaints policy in place along with an easy-to-read complaints procedure. Complaints which had been made in the time since the last inspection had been appropriately investigated and followed up on by the person in charge.

Judgment: Compliant

### Regulation 4: Written policies and procedures

A number of Schedule 5 policies in place in the centre had not been reviewed and updated within the previous three year period as required by the regulations. This finding was not addressed by the provider despite it being identified at the time of the last inspection.

Judgment: Not compliant

## Quality and safety

The inspector found that residents availing of the services of this centre were in receipt of care and support which was of a high standard, promoted their human rights, was person-centred in nature, and safeguarded them from experiencing abuse. Residents were encouraged to live active, meaningful and rewarding lives and held a number of valued social roles within their local community. Overall, the inspector found that residents were supported and encouraged to have a good quality of life while residing in this centre.

There was evidence to demonstrate that residents' social care needs were being met through the supports provided. Residents told the inspector that they enjoyed engaging in a variety of activities and social outings and had maintained good relationships with their natural support networks. Activities which residents were supported to engage in reflected their abilities, needs, wishes and interests and it was clear to the inspector that the staff team knew the residents' needs well and

acted as advocates for them when required.

Residents were appropriately protected from experiencing incidents of a safeguarding nature in the centre through the practices of the staff team and local policies. Staff members had completed safeguarding training and had developed a good understanding of the various types of abuse and the actions to be taken in the event of abuse occurring. Alleged incidents of a safeguarding nature which had occurred in the centre had been appropriately followed up on and investigated in line with local and national policies and there were safeguarding plans in place where they were required.

### Regulation 12: Personal possessions

The inspector found that there were appropriate arrangements in place for the storage of residents' personal belongings. The staff team were found to be supporting some residents with the management of their personal finances and a sample of these records were reviewed by the inspector. There were receipts maintained for all expenditure and a check of resident monies found that the stated balances were in place.

Judgment: Compliant

### Regulation 13: General welfare and development

The registered provider ensured that the residents had both the opportunity and facilities to take part in education and recreation activities of their choosing. The resident group were found to have been appropriately supported and encouraged to connect with family and friends and to feel included in their community. There was clear recognition in the centre that each resident had something to contribute at all stages of their lives and these contributions influenced the manner in which the centre was operated.

Judgment: Compliant

### Regulation 20: Information for residents

There was a residents' guide in place in the centre (dated 23 March 2022) which was available to residents. The inspector found that this document contained all required information as outlined in the regulations.

Judgment: Compliant

### Regulation 27: Protection against infection

The registered provider ensured that the residents were protected from healthcare infections by adopting procedures consistent with current public health guidelines. The inspector found that the staff team were wearing personal protective equipment (PPE) in line with public health guidance and there were sufficient hand sanitising stations in the centre. There were regular audits being completed along with infection prevention and control self assessments. There were good levels of PPE available in the centre and there was a COVID-19 outbreak management plan in place.

Judgment: Compliant

### Regulation 28: Fire precautions

There was a fire alarm and detection system in place in the centre and there were personal emergency evacuation plans in place for each resident. There was evidence to demonstrate that residents and staff members could be evacuated from the centre in a timely manner in the event of a fire or similar emergency. The inspector found, however, that there was an absence of fire containment measures in one part of the building. In addition, there was no emergency lighting in the dining room despite there being a emergency egress route passing through this area. These matters were identified at the time of the previous inspection and were not addressed by the registered provider.

Judgment: Not compliant

### Regulation 8: Protection

The inspector found that the registered provider and the person in charge demonstrated a high level of understanding of the need to ensure the safety of residents availing of the services of the centre. Residents told the inspector that they felt safe living in the centre and knew how to communicate any concerns that may arise. The staff team were aware of the various forms of abuse and the actions required on their part if they ever witnessed, suspected or had allegations of abuse reported to them.

Judgment: Compliant

### Regulation 9: Residents' rights

There was evidence to demonstrate that residents were supported to exercise their rights; were included in decision making processes about their care and support; and were supported to exercise choice and control over their daily lives while availing of the services of the centre.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Not compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
<b>Quality and safety</b>	
Regulation 12: Personal possessions	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Not compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Rushbrook - Community Residential Service OSV-0003088

Inspection ID: MON-0027706

Date of inspection: 23/03/2022

## 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 15: Staffing	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            The service manager is working with the HR department to fill posts at the earliest opportunity. In the interim the pic and ppim will make every effort to fill the vacant shifts with regular relief or agency for continuity of care for residents. The PIC will ensure that there will be planned and actual Rota showing staff names on duty during the day and sleep over is properly maintained.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:            The PIC and the PPIM will ensure that all staff working in the area have all training completed and are supervised.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p>	

A new service manager has been appointed in this service area. The service manager is working with the HR department to fill posts at the earliest opportunity. In the interim the pic and pim will make every effort to fill the vacant shifts with regular relief or agency for continuity of care for residents.

The logistic manager and the fire engineer will look at the door between the kitchen and dinning area and the emergency lighting and further to receipt of this report the provider will ensure that a plan will be developed to address this issue.

Regulation 4: Written policies and procedures

Not Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:

All scheduled five policies are now updated and are in place in the centre.

Regulation 28: Fire precautions

Not Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:  
The logistic manager and the fire engineer will look at the door between the kitchen and dinning area and the emergency lighting and further to receipt of this report the provider will ensure that a plan will be developed to address this issue.



## 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 15(1)	The registered provider shall ensure that the number, qualifications and skill mix of staff is appropriate to the number and assessed needs of the residents, the statement of purpose and the size and layout of the designated centre.	Not Compliant	Orange	30/06/2022
Regulation 15(3)	The registered provider shall ensure that residents receive continuity of care and support, particularly in circumstances where staff are employed on a less than full-time basis.	Not Compliant	Orange	30/04/2022
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota,	Not Compliant	Orange	14/04/2022

	showing staff on duty during the day and night and that it is properly maintained.			
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/05/2022
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	30/05/2022
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	05/05/2022
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Not Compliant	Orange	30/05/2022
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and	Not Compliant	Orange	30/05/2022

	extinguishing fires.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Orange	13/04/2022