



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

## Issued by the Chief Inspector

Name of designated centre:	Cloch Cora
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Waterford
Type of inspection:	Unannounced
Date of inspection:	26 August 2021
Centre ID:	OSV-0007959
Fieldwork ID:	MON-0032272

## About the designated centre

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

Cloch Cora consists of a large purpose built single storey house located in a housing estate on the outskirts of a city. The centre provides full-time residential rehabilitation/residential services and support for up to five residents with an acquired brain injury, over the age of 18 years, of both genders. Support to residents is provided by the person in charge, a team leader and rehabilitation assistants. Individual bedrooms are available for residents and other facilities in the centre include bathrooms, a living room, a kitchen, an activity room and staff rooms.

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

Number of residents on the date of inspection:	3
--	---

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended. To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

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

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

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

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

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

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

Date	Times of Inspection	Inspector	Role
Thursday 26 August 2021	10:00 am to 5:40 pm	Conor Dennehy	Lead

## What residents told us and what inspectors observed

The residents of this designated centre had been provided with a suitable premises and were being supported to maintain contact with family and friends. One resident spoken with did raise some issues with the inspector.

This designated centre had only been open since March 2021 when residents from another centre operated by the same provider had moved in. It was seen that the premises provided for residents to live in was very well maintained, well-furnished and clean both internally and externally. All residents had their own bedroom and the premises also had suitable communal areas such as a living room and an activity room for residents to avail of. One of the residents used the activity room to do some painting and examples of the works they had completed were on display throughout the centre which added to a homelike feel. It was also seen that there was a well maintained garden area to the rear of the centre with plenty of colourful plants and flowers present.

Some residents helped in maintaining these plants and flowers and for some this was done as part of their individual rehabilitation plans which were intended to aid their rehabilitation from a brain injury in line with the services provided in this centre. Other activities which residents did in this regard included reading, baking, playing guitars, arts and jigsaws. As the designated centre was located on the outskirts of a city, residents were able to access public transport while a car was also available for residents to avail of. Residents were also encouraged and supported to maintain contact with family and friends. For example, on the day of inspection one of the four residents who were living in this centre was away from the centre visiting one of their friends.

The three residents present were met by the inspector during this inspection. The first resident told the inspector that they liked their new home and that there was nothing they did not like about living in the designated centre. This resident also said that they liked the staff supporting them and always knew who the staff on duty were. Some of the things that the resident did in the centre were then discussed including painting and using a projector in the activities room. The inspector was also informed by the resident that they visited their family at weekends and would soon be taking a family holiday to Co. Kerry. This resident then showed the inspector their bedroom which was seen to be nicely presented and personalised.

Following speaking with this resident, the inspector had an in depth conversation with a second resident. This resident said they liked being back in the city but was only content living in the centre and was not happy. In particular, the resident highlighted how they were stressed by the financial situation involved in living in the centre and told the inspector about how they were now paying a contribution to the provider and also rent to a housing association (in the centre where the resident previously lived, they had not been paying rent to a housing association). The

resident said that they had their own bills to pay but because of money they had to pay to the provider and the housing association, there were times when they had little money left to live on. As a result, the resident said that they had to cut back on some expenses, such as some streaming subscriptions, and did not have enough money for some social engagements.

On account of money being paid to both the provider and the housing association, the resident outlined how they felt they were being subjected to financial abuse by the provider. They also said how they complained about the financial situation numerous times since moving to this centre. The resident also talked about how they felt they could not trust some of those involved in the management of this designated centre but praised some other staff working in the centre and highlighted how their contributions to the provider had been recently reduced after discussions with one such staff member. Aside from the financial issues raised by this resident, they also told the inspector that they had complained about aspects of the premises provide such as its layout, its size and windows being able to be opened from the outside. The resident also mentioned how an outside smoking area was too small.

In addition to complaints about the current centre, the resident informed the inspector how they had made complaints in other designated centres where they had lived but nothing every got done about them. The inspector asked the resident if they had considered an advocate to help them with their complaints. The resident said they had not as they did not feel that they needed one as they could advocate for themselves. It was also indicated by the resident that they knew that they could appeal the outcome of any complaints they made within the provider as far as the provider's Chief Executive Officer. However, the resident told the inspector that they were not aware that their complaints could be reviewed by someone independent from the provider.

Aside from complaints, the resident also talked about how COVID-19 and its resulting restrictions had been hard as it had not been easy to see people. The resident did highlight though that as restrictions were easing they were getting out more and spoke about a busy few weeks that they had coming up. This included the release of a film that they had been working on since 2013 with a drama group concerning a personal experience for the resident. The resident also talked about their work as an advocate related to this personal experience. After finishing speaking with the inspector, this resident was later seen engaging with the person in charge and a staff team member in a pleasant manner while present in the centre.

The inspector briefly met the third resident who was living in the designated centre during this inspection. At the time of meeting this resident they were sitting in the living room of the centre watching television. The resident indicated to the inspector that they were happy in the designated centre. When asked by the inspector were staff good to them, the resident said that they did not know. Immediately after the resident indicated that they wanted to the inspector to leave. This request was

respected by the inspector. Throughout this brief interaction, this resident appeared to be calm.

In summary, one resident raised some issues with the inspector particularly around their finances and complaints. It was noted though that other residents indicated they liked living in the centre while a suitable premises was provided for residents to live in. Residents were also facilitated to maintain contact with their family and friends.

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 provider had ensured that this designated centre was well resourced and was operating in accordance with its statement of purpose. However, improvements were required regarding the management of complaints and the notification of information provided for registration purposes.

The designated centre was newly registered to provide services until March 2024 after a site visit carried out by HIQA in January 2021 where no issues of concern were identified. The purpose of this centre was to provide a group of residents, who were living in another designated centre operated by the same provider, with a new home. Upon this centre becoming registered, residents moved immediately into the centre and the other designated centre closed. The purpose of the current inspection was to assess the levels of compliance that had been maintained since the centre was registered.

As part of the registration application for the centre, the provider submitted details of the individuals who would be participating in the management of this designated centre. As required by the relevant regulations, HIQA must be formally notified of any changes to these individuals and also provided with supporting information. When reviewing the designated centre's statement of purpose, it was seen that a different individual was indicated as being a person participating in management for the centre but this change had not been notified to HIQA nor had the necessary supporting information been provided.

The statement of purpose forms the basis of a condition of registration and is intended to set out the services to be provided in a designated centre. In line with this centre's statement of purpose, residents were to be supported to rehabilitate from an acquired brain injury and based on the overall findings of this inspection, residents were largely being supported in this way which was assisted by a strong continuity of staff support that was provided for resident and the overall governance arrangements in place. Under the regulations, the statement of purpose must

contain some specific information about the running of the centre and it was seen that all of the required information was present.

Included amongst such information was the arrangements made for dealing with complaints with the centre. This stated that complaints forms would be available for residents to use and it was seen that these were present in centre while the details of the complaints process and information about an independent review process were also on display in the designated centre. Early into this inspection, the inspector was informed the centre had "no official complaints" while the complaints log provided indicated that that no complaints had been made since this centre became registered. However, during the inspection a resident informed the inspector that they had made some complaints since moving to the centre.

The provider had a specific complaints policy in place which was to guide practice in this area and specifically required all complaints, whether deemed serious or not, to be recorded locally in a specific complaints book. Based on the complaints log provided, this resident's complaints had not been recorded in accordance with the provider's policy and the requirements of the regulations. The complaints policy also outlined how complainants had a right to contact an independent reviewer related to their complaints but this resident also informed the inspector that they were unaware that their complaint could be subject to independent review. However, it was seen that details of independent review options were on display within the centre and the resident was aware that complaints could be appealed with the provider.

### Registration Regulation 7: Changes to information supplied for registration purposes

A change in the identity of a person participating in management had not been notified to HIQA nor had the necessary supporting information been provided at the time of this inspection.

Judgment: Not compliant

### Regulation 15: Staffing

Appropriate staffing levels were in place including a strong continuity of staff support with staff who had supported the residents in their previous home continuing to support them. Staff rosters were maintained but the maintenance of some required improvement so that the identities of those who actually worked in the centre were consistently and clearly shown.

Judgment: Substantially compliant



### Regulation 19: Directory of residents

A directory of residents was in place that contained the majority of the information for the four residents availing of the centre at the time of inspection although it was seen that it did not accurately state the date residents first came to reside in this designated centre. One resident who availed of the centre for a short period of time but had since left was not included in the directory of residents.

Judgment: Substantially compliant

### Regulation 23: Governance and management

Support for residents was being provided in accordance with the statement of purpose and the centre had been appropriately resourced. A provider unannounced visit had been carried out since the centre became registered which was reflected in a written report.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

Contracts for the provisions of services were in place that outlined the services to be provided in the centre and included the fees to be paid.

Judgment: Compliant

### Regulation 3: Statement of purpose

A statement of purpose was in place that contained all of the required information and had been updated to include all of the information as outlined in the designated centre's certificate of registration.

Judgment: Compliant

### Regulation 34: Complaints procedure

Complaints made by a resident had not been recorded in accordance with the provider's own policy and requirements of the regulations. A resident informed the inspector that they were unaware that their complaints could be subject to independent review.

Judgment: Not compliant

## Quality and safety

Residents were generally being supported to rehabilitate from their brain injuries although it was highlighted that a different environment was needed to meet the needs of one resident.

In line with the overall ethos of the services being provided in this centre, residents had individual rehabilitation plans in place which were intended to help residents rehabilitate from their brain injuries. As part of these residents had specific goals identified which were intended to boost their independence. For example, residents had goals in place to administer their own medicines, improve their social skills or to carry out three meaningful activities per day. Residents were being supported to achieve these goals with support from staff where necessary which helped work towards residents' rehabilitation. Despite this it was noted though that one resident required a different environment to better suit their needs. The inspector was informed that this resident was soon due to be discharged from the centre.

In addition, to supporting residents in their rehabilitation it was seen that a number of measures were in place to ensure the safety of residents. For example, the centre was equipped with appropriate fire safety systems including a fire alarm, emergency lighting, fire extinguishers and fire containment measures. Fire drills had been carried out regularly in the centre since it became registered to help ensure that residents were aware of what to do in the event of a fire occurring while residents also had personal emergency evacuation plans outlining the supports they needed to evacuate the centre. The fire evacuation procedures were on display in the centre.

Staff members had also received training in fire safety and, in the context of the COVID-19 pandemic, relevant training in infection prevention and control. Given the possible consequences of COVID-19, it was seen that there was regular symptom monitoring of both staff and residents and residents while on arrival at the centre, a staff member carried out a number of checks on the inspector before allowing him to enter. During the inspection it was observed that all staff present were using appropriate personal protective equipment (PPE) and hand gels were available throughout while one staff member was seen carrying out cleaning of the centre. Staff members spoken with reported that they had experienced no shortage of PPE, cleaning supplies and hand gels.

While speaking with the inspector, staff members also demonstrated a good awareness of measures in place to safeguard residents and records reviewed also indicated that all staff working in this centre had received relevant safeguarding training. Guidance was also available in supporting residents with intimate personal care which is important to safeguard residents. During the course of the inspection, one resident made an allegation of a safeguarding nature to the inspector. This was reported to management of the centre and following the inspection it was indicated that the matter was being reviewed and screened in accordance with relevant national policies.

### Regulation 13: General welfare and development

Residents were being facilitated and encouraged to maintain contact with their family and friends. Residents were being supported to participate in activities such as painting, walks and drama groups.

Judgment: Compliant

### Regulation 17: Premises

A suitable premises was provided for residents which was well maintained, well-furnished, homely and clean.

Judgment: Compliant

### Regulation 20: Information for residents

A residents' guide was in place that contained all of the required information such as how to access HIQA inspection reports.

Judgment: Compliant

### Regulation 27: Protection against infection

Appropriate infection prevention and control practices were found to be in use during this inspection.

Judgment: Compliant

### Regulation 28: Fire precautions

Appropriate fire safety systems were present in this designated centre. Fire drills were taking place regularly and staff training had been provided.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents had individual rehabilitation plans in place which outlined their needs and the supports required to provide for these. Goals were identified for residents to help in rehabilitating from their brain injuries with support provided to accomplish these goals. One resident required a different environment to better suit their needs

Judgment: Substantially compliant

### Regulation 8: Protection

Staff members spoken with demonstrated a good awareness of measures in place to safeguard residents. Relevant training was also provided to staff. Guidance on supporting residents with intimate personal care was also provided for.

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>	
Registration Regulation 7: Changes to information supplied for registration purposes	Not compliant
Regulation 15: Staffing	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Not compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Substantially compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Cloch Cora OSV-0007959

Inspection ID: MON-0032272

Date of inspection: 26/08/2021

## 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
Registration Regulation 7: Changes to information supplied for registration purposes	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes: Changes to information supplied for registration purposes:</p> <p>SOP has been amended to reflect the existing registered PPIM Karen Foley from 30.8.21.</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Rota has been re-designed to clearly identify staff on shift including Local Services Manager and has been implemented from 1.9.2021.</p>	
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>Directory of residents has been amended for all residents to reflect the day they came to the Cloch Cora Service on 28.8.21. One resident who had been with us for a period of 2</p>	

<p>months has now been included in the past residents section of the Directory of residents folder from 28.8.2021.</p>	
<p>Regulation 34: Complaints procedure</p>	<p>Not Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>From 28.8.2021 all complaints received have been recorded and actioned as per ABI Ireland complaints policy.</p> <p>From 28.8.2021 all residents will be advised and supported both verbally and written to contact the National Advocacy services or independent support services as needed.</p> <p>From 28.8.2021 any resident making a complaint will be advised and supported to seek further independent advice from the Independent Support and or Advocacy Services as per ABII Complaints policy.</p> <p>From 28.8.2021 Monthly residents meeting will include complaints on rolling agenda to ensure residents are aware and supported in relation to ABII Complaints policy.</p> <p>From 28.8.2021 one resident identified as requiring additional supports will meet with Local Management monthly to ensure ongoing issues and concerns are discussed and actioned.</p>	
<p>Regulation 5: Individual assessment and personal plan</p>	<p>Substantially Compliant</p>
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and personal plan:</p> <p>A discharge date of September 29, 2021 has been set for one resident who has not been able to identify any goals and has been assessed as not suitable for our service.</p> <p>Local clinical and management team currently working with all stakeholders involved in service users care to ensure smooth transition to identified support service.</p>	



## 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
Registration Regulation 7(3)	The registered provider shall notify the chief inspector in writing of any change in the identity of any person participating in the management of a designated centre (other than the person in charge of the designated centre) within 28 days of the change and supply full and satisfactory information in regard to the matters set out in Schedule 3 in respect of any new person participating in the management of the designated centre.	Not Compliant	Orange	30/08/2021
Regulation 15(4)	The person in charge shall ensure that there is a planned and actual staff rota,	Substantially Compliant	Yellow	01/09/2021

	showing staff on duty during the day and night and that it is properly maintained.			
Regulation 19(1)	The registered provider shall establish and maintain a directory of residents in the designated centre.	Substantially Compliant	Yellow	28/08/2021
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	28/08/2021
Regulation 34(2)(c)	The registered provider shall ensure that complainants are assisted to understand the complaints procedure.	Substantially Compliant	Yellow	28/08/2021
Regulation 34(2)(f)	The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied.	Not Compliant	Orange	28/08/2021
Regulation 05(2)	The registered provider shall ensure, insofar as is reasonably practicable, that arrangements are in place to meet	Substantially Compliant	Yellow	29/09/2021

	the needs of each resident, as assessed in accordance with paragraph (1).			
--	---	--	--	--