



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

## Issued by the Chief Inspector

Name of designated centre:	Brook House
Name of provider:	Stepping Stones Residential Care Limited
Address of centre:	Dublin 4
Type of inspection:	Unannounced
Date of inspection:	02 September 2020
Centre ID:	OSV-0005419
Fieldwork ID:	MON-0027807

## About the designated centre

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

The designated centre is based in a suburban area of South Dublin and is comprised of one detached three storey building. On the ground floor of the centre there is an entrance hallway, a living room, a utility room and toilet, a small medication room, and a large kitchen and dining room. On the first floor there are two resident bedrooms, a staff sleep-over room, a main bathroom, and a hot press. On the second floor there is a large resident bedroom. All resident bedrooms contain en-suite facilities. Externally, the centre provides a small enclosed garden space to the rear with an outdoor dining area and a staff office in an external building. The centre provides a residential support service to individuals with intellectual disabilities and the staff team is made up of a person in charge, a social care leader and a team of social care workers and carers.

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

Number of residents on the date of inspection:	2
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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 - 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 2 September 2020	09:50hrs to 15:56hrs	Andrew Mooney	Lead

## What residents told us and what inspectors observed

In line with public health guidance and residents' assessed needs, the inspector did not spend extended periods with the resident. However, the inspector had the opportunity to meet one resident and briefly spoke with them during the inspection. Additionally, the inspector had the opportunity to speak with a resident's representative over the phone.

During the inspection a resident told the inspector that they were relatively happy in the centre. However, they did say they would prefer to return to their family home. Furthermore, the resident said they were disappointed with the way they were informed about the person in charge leaving the centre. A resident also told the inspector that while staff were very nice, they would be reluctant to raise concerns now that the person in charge had left.

Additionally, a resident's representative noted their dissatisfaction with the current communication pathways within the centre. They felt this was compounded by the lack of an appointed person in charge. For example, during the inspection a resident had chosen to spend time in their family home. The resident's family noted they were unclear if the resident was able to return to the designated centre. This was raised with the provider during the inspection. The provider clarified with the resident and their representative, that there was appropriate staffing arrangements in the centre to ensure the resident could safely return at any time.

The inspector noted that the resident within the centre appeared comfortable in the company of staff. The centre was warm, welcoming and well maintained.

## Capacity and capability

This risk based inspection was triggered on receipt of unsolicited information of concern. This inspection identified that the current governance and management arrangements did not demonstrate effective oversight of the centre. This lack of effective oversight negatively impacted the capacity and capability of the centre, which adversely impacted residents lived experiences.

From a review of notifications and discussions with the provider during the inspection, the inspector noted that the former person in charge had left their post. While the provider had recruited a new person in charge, this person had not started their new role. This left the centre without an appointed full time person in charge. The provider had put an interim arrangement in place but this arrangement did not satisfy Regulation 14: Persons in charge. Furthermore, a representative of a resident told the inspector that the current person in charge arrangements were

very unclear and they were unsure who to engage with regarding a residents support needs.

The provider had recently restructured the governance and management arrangements of the centre. This included the appointment of a residential co-ordinator, who the new person in charge would report to. Additionally, a team leader was appointed and this person was to report to the new person in charge. The inspector acknowledged that these new arrangements would enhance the overall governance and management of the centre. That being said, they were not fully embedded at the time of inspection and therefore the lines of authority and accountability within the centre were unclear.

The provider had completed an annual review of quality and care within the centre. However, the annual review did not demonstrate how residents or their representatives were consulted. The provider had systems in place to monitor and review the quality of services provided within the centre. However, while these systems identified service deficits, appropriate actions were not always undertaken to address these issues in a timely manner. This showed that while the provider could self identify issues within the centre, it did not always have the capacity or capability to drive the improvements required. Despite the best efforts of the provider, some documentation was not readily available during the inspection. This highlighted the need for the provider to enhance their information management systems.

There was enough staff on duty to meet the assessed needs of residents. There was a planned and actual roster maintained that accurately reflected the staffing arrangements within the centre. During the inspection the inspector spoke with staff and found them to be caring and genuinely interested in their role. The inspector observed staff interacting in a very positive way with the resident and it was clear they knew residents well.

The provider had ensured that staff training such as safeguarding vulnerable adults, medication management, fire prevention and manual handling were up to date. However staff had not received appropriate training to meet the assessed needs of residents. For instance staff had not received training to enable them to adequately support residents presenting with mental health difficulties. Therefore some staff felt that while they were doing their best to support residents, they didn't have the formal training to ensure residents were appropriately supported.

The admissions process to the centre required significant improvement. Due to the COVID-19 pandemic the provider accelerated the admission of a resident to the centre. A review of documentation and discussions with residents and their representatives found that admission to the centre did not adequately consider the wishes and needs of residents currently living within the centre. It was also unclear if an appropriate compatibility assessment was conducted prior to the admission. A review of this admission by the provider acknowledged that the centres admissions process had not been followed.

### Regulation 14: Persons in charge

At the time of inspection there was no active person in charge appointed to the centre.

Judgment: Not compliant

### Regulation 15: Staffing

There was enough staff with the right skills, qualifications and experience to meet the assessed needs of residents at all times. There was an appropriate planned and actual roster in place. All requirements set out in schedule 2 of the Regulations were in place.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had received core training and refresher training. However, appropriate training to support residents with their assessed needs had not been provided. For example, staff had not received appropriate mental health training or suicide prevention training.

Judgment: Not compliant

### Regulation 23: Governance and management

There was no active person in charge in the centre and therefore the lines of authority and responsibility were unclear. There was a lack of effective monitoring of the centre.

The annual review of quality and care within the centre did not demonstrate consultation with residents or their representatives.

Judgment: Not compliant

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

There was no evidence that a robust compatibility assessment of a resident was completed prior to new admissions.

Judgment: Not compliant

## Quality and safety

The quality and safety of the centre had been enhanced through robust COVID-19 contingency planning. However, the centres positive behaviour support arrangements required significant improvement.

There were procedures in place for the prevention and control of infection. A cleaning schedule was in place which was overseen by a dedicated staff member. Suitable cleaning equipment was in place and stored appropriately. The inspector observed that all areas of the centre were clean. 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. The provider had developed an appropriate COVID-19 contingency plan, which included adopting relevant public health guidance, such as daily staff temperature checks. The provider engaged regularly with the Department of Public Health and made key information in relation to infection control measures available to staff. Specific training in relation to the proper use of personal protective equipment (PPE) and effective hand hygiene was provided to staff within the centre. Disposable surgical face masks were available and being used by all staff in line with national guidance. The inspector observed staff engaging in appropriate social distancing. These measures ensured residents and staff were appropriately protected against unnecessarily contracting COVID-19.

Residents' health care needs were well supported. Residents had access to a general practitioner (GP) of their choice and other relevant allied health care professionals where needed. During times of illness, residents' health needs were appropriately supported in consultation with their GP and other appropriate multi-disciplinary team members, such as psychiatrists. There was appropriate guidance available to staff to support residents with their health care needs and staff demonstrated a comprehensive understanding of these needs. This resulted in residents' health being well supported.

Arrangements were in place to support and respond to some residents' assessed support needs. All staff received positive behaviour support training. The provider had assessed restrictions that were in place and these were under regular review. However, there wasn't sufficient guidance in place to meet all residents' assessed support needs. Therefore it was unclear if an evidence based approach was taken to



proactively support residents with their on-going needs behaviour support.

There were appropriate systems in place for the prevention and detection of fire and all staff had received suitable training in fire prevention and emergency procedures. Regular fire drills were held and accessible fire evacuation procedures were on display in the centre.

### Regulation 27: Protection against infection

The prevention and control of health care related infections was effectively and efficiently governed and managed. Staff were observed to maintain social distancing and demonstrated good hand hygiene during the course of the inspection.

Judgment: Compliant

### Regulation 28: Fire precautions

There were appropriate systems in place for the detection of fire, all equipment was appropriately serviced, including emergency lighting. All staff had received suitable training in fire prevention and emergency procedures.

Judgment: Compliant

### Regulation 6: Health care

Appropriate health care was made available for each resident having regard to that resident's personal plan.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There was insufficient guidance available to staff to ensure residents' assessed needs were proactively supported.

Judgment: Not 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	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 24: Admissions and contract for the provision of services	Not compliant
<b>Quality and safety</b>	
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Not compliant

# Compliance Plan for Brook House OSV-0005419

Inspection ID: MON-0027807

Date of inspection: 02/09/2020

## 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 14: Persons in charge	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 14: Persons in charge:</p> <p>A newly appointed Person in Charge has now commenced their role. 9th September 2020.</p> <p>The Person in Charge works full time in this centre supernumerary.</p>	
Regulation 16: Training and staff development	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>The Registered Provider Representative, Dublin Services Regional Manager and Person in Charge has sourced an appropriate mental health training for the staff team.</p> <p>The Person in Charge has engaged in discussions with a Mental Health support services for young people and has secured support guidance and articles to ensure staff have the adequate training required to support residents assessed needs.</p> <p>All staff will complete this required training. 30/10/2020</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> <p>The Registered Provider Representative appointed a Person in Charge and they commenced their role on 9th September 2020.</p> <p>They will be supported by the Dublin Services Regional Manager to ensure appropriate oversight of care and support needs of residents and to ensure the centre is meeting regulations and standards.</p> <p>A revised annual review will be completed by the Person in Charge in conjunction with Services Manager to ensure the review now consults residents and their representatives. 20th October 2020.</p> <p>A Quality Improvement Plan for remainder of 2020 has been developed for the centre to ensure effective planning, monitoring and review of Regulation is present in the centre. 15th September 2020.</p> <p>All local internal, external audits and unannounced visits actions have been incorporated into this Quality Improvement Plan. 15th September 2020.</p> <p>The Registered Provider Representative is in the process of incorporating all centres owned and operated by them under one entity. The organisational structures and lines of accountability are clearly defined within this entity. The required paperwork has been submitted to the regulator.</p> <p>The recent appointment of the Dublin Services Manager (previously named as Residential Coordinator) will visit the centre weekly to ensure effective management systems are in place in the centre to ensure the centre provided is safe and appropriate to residents needs, consistent and effectively monitored. 7th September 2020.</p>	
Regulation 24: Admissions and contract for the provision of services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Admissions and contract for the provision of services:</p> <p>The Registered Provider Representative in conjunction with the Dublin Regional Manager and Person in Charge has completed a compatibility risk assessment for the residents currently residing in the centre.</p>	

12th September 2020.

The Registered Provider Representative in conjunction with the Dublin Regional Manager will review the Admissions Policy to ensure its accuracy to meeting the care and support needs of residents currently in the centre and any further admissions.

20th October 2020

The Person in Charge will ensure that any future admissions to the centre will have an appropriate compatibility risk assessment and will consider the wishes and needs of current residents living in the centre.

Regulation 7: Positive behavioural support

Not Compliant

Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:

The Registered Provider Representative, Dublin Regional Manager, Person in Charge and Behaviour Specialist reviewed the residents current behaviour support needs and a comprehensive behaviour support was developed for staff to support resident to manage behaviour proactively.

20th September 2020.

All staff were trained by the Behaviour Specialist in the implementation of the new behaviour support plan.

30th September 2020.

The behaviour support plan will be reviewed regularly by the Behaviour Specialist and Person in Charge. Staff on duty will record any incidents of Behaviours of concern that occur and the Behaviour Specialist will review these and make any changes or amendments to the Behaviour Support Plan accordingly, and any additional training will be provided to staff if changes are to occur.

## 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 14(1)	The registered provider shall appoint a person in charge of the designated centre.	Not Compliant	Red	09/09/2020
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.	Not Compliant	Orange	30/10/2020
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	20/10/2020
Regulation	The registered	Substantially	Yellow	20/10/2020



23(1)(e)	provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Compliant		
Regulation 24(1)(b)	The registered provider shall ensure that admission policies and practices take account of the need to protect residents from abuse by their peers.	Not Compliant	Orange	20/10/2020
Regulation 07(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to behaviour that is challenging and to support residents to manage their behaviour.	Not Compliant	Orange	30/09/2020