



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

## Issued by the Chief Inspector

Name of designated centre:	Racecourt Manor
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	12 November 2019
Centre ID:	OSV-0001518
Fieldwork ID:	MON-0022428

## About the designated centre

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

Racecourt Manor is a service run by Peter Bradley Foundation Company Limited. The centre is located on the outskirts of a town in Co. Sligo and comprises of one premise which provides residential care for up to four male and female residents, who are over the age of 18 years and who have an acquired brain injury. Each resident has their own room, some en-suite facilities, shared bathrooms, shared communal areas and access to a garden area. The centre operates from Monday to Friday, with staff on duty both day and night to support the residents who live here.

**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 - 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
12 November 2019	09:30hrs to 16:05hrs	Anne Marie Byrne	Lead

## What residents told us and what inspectors observed

The inspector had the opportunity to meet with all three residents and each resident spoke highly of their time spent at the centre. They told the inspector they attended weekly meetings with staff to discuss what activities they want to do, talked about their meal choices and discussed any changes arising within the service. They said they were regularly supported by staff to access the community, go shopping and attend various day programmes. One resident in particular, commended the support he had received to date from staff, in preparation for his transition to live independently in the community.

Throughout the inspection, the inspector observed staff to interact respectfully with residents and were very attentive to their needs. These staff members spoke confidently with the inspector about the specific care needs of each resident and were very informative about various aspects of residents' care, including, social care and health care.

## Capacity and capability

This centre was last inspected in January 2019 and no actions were required from that inspection. The purpose of this inspection was support the provider's application to the Chief Inspector of Social Services to renew the registration of the centre. Although a number of areas inspected were found to be in compliance with the regulations, this inspection identified that some improvement was required to the fire procedure and to the assessment of risk at the centre.

The person in charge met with staff and residents on a regular basis and was supported by the person participating in management and staff team, which gave her the capacity to effectively manage this service. Weekly staff meetings were occurring, which provided staff with the opportunity to discuss any concerns regarding the safety and welfare of residents and any other issues arising within the service. Adequate arrangements were also in place to ensure each staff member received regular training in areas such as safeguarding, fire safety, manual handling, safe administration of medicines and management of behaviours that challenge. The provider had ensured that the service was effectively monitored, with the annual review and six monthly provider-led audits occurring in line with the requirements of the regulations. Where improvements were identified as part of these monitoring systems, action plans were put in place to address these. This level of oversight assisted in promoting safe and good quality care practices at the centre.

Due to the number of residents who transitioned to and from this service, the centre's staffing arrangement was subject to regular review by the person in charge.

She ensured residents were supported by familiar staff and a key-worker system assisted with this process, where assigned staff worked closely with individuals from their time of admission until their discharge. Staff knew the residents very well and confidently spoke with the inspector about their responsibility in supporting residents to prepare to transition from this centre

The centre's incident reporting system was under regular review by the person in charge and where incidents occurred, she had ensured that these were reported to the Chief Inspector, in line with the requirements of the regulations. Although a statement of purpose for the centre was in place, it required some review to ensure it included all information as set out in Schedule 1 of the regulations. At the time of inspection, the person in charge was in the process of updating this document.

#### Registration Regulation 5: Application for registration or renewal of registration

The provider had applied to renew the registration of this centre and subsequent to this inspection had ensured that all documentation required by the regulations for that application were submitted.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was found to have the qualifications and experience required for her role. She was regularly present at the centre and was supported by the person participating in management and staff team, which gave her the capacity to effectively manage this service.

Judgment: Compliant

#### Regulation 15: Staffing

The provider had ensured the number and skill-mix of staff working at this centre was adequate to meet the assessed needs of residents. A planned and actual roster was in place which identified the names of staff and their start and finish times worked at the centre.

Judgment: Compliant

## Regulation 16: Training and staff development

The provider had ensured that staff received mandatory and refresher training, as and when required.

Judgment: Compliant

## Regulation 23: Governance and management

The provider had ensured the centre was adequately resourced and that suitable persons were appointed to manage and oversee care delivery within this service. Effective monitoring systems were also in place, including, the annual review and six monthly provider-led audits. Where improvements were identified, action plans were put in place to address these.

Judgment: Compliant

## Regulation 3: Statement of purpose

The statement of purpose required some review to ensure it included all information as set out in Schedule 1 of the regulations. At the time of inspection, the person in charge was in the process of updating this document with this information.

Judgment: Compliant

## Regulation 31: Notification of incidents

There was a system in place for the reporting of incidents at the centre. The person in charge had ensured that all incidents were notified to the Chief Inspector, as required by the regulations.

Judgment: Compliant

## Quality and safety

Overall, the inspector found the provider operated the centre in a manner that consulted with residents on a very regular basis, promoted their capacities, respected their individual preferences and ensured they were provided with multiple opportunities for community engagement.

The centre was located on the outskirts of a town in Co.Sligo and comprised of one building. The centre provided residents with their own bedroom, some en-suite facilities, shared bathrooms, sitting room, kitchen and dining area, utility, office spaces and a level access garden which contained raised bedding for plants. The centre was found to be spacious and clean and its layout supported the mobility needs of the residents, by ensuring they could safely mobilise around their home. Weekly residents' meetings were occurring, which facilitated residents to play an active role in the running of the service delivered to them. The three residents who met with the inspector all told of how staff frequently engaged with them to talk about their care needs. The provider had various systems in place to keep residents informed about their weekly schedule, with all residents speaking positively of the effectiveness of individual activity boards displayed in their bedroom, which were updated each day so that they knew what activities were happening.

Residents' needs were regularly assessed and personal plans were then developed which guided staff on the level and type of support each resident required. Key-worker staff worked in close consultation with residents regarding the identification and progression towards achieving personal goals and residents who met with the inspector, said that staff regularly met with them to review their goals and to decide on the next actions required. Similarly, where residents living at this centre required specific supports with regards to their assessed health care needs, the inspector found the provider was responsive to these needs. Staff and members of multi-disciplinary teams met weekly to review each resident and staff said these meetings had a positive impact on maintaining good quality of care for residents.

The provider had a system in place for the identification, assessment, response and ongoing review of risk at the centre. During the inspection, the inspector observed various incidents where staff demonstrated that they were able to competently apply this system in identifying and responding promptly to risk at the centre. Although risk was regularly monitored through the centre's risk register, some risk ratings were calculated in a manner which had not given due consideration to the effectiveness of specific measures put in place by the provider. For example, the provider responded to risks to pain management at the centre, resulting in positive outcomes for residents, but the supporting risk assessment did not reflect the impact that these measures had. Furthermore, where specific measures were implemented in response to risk, these were not always clearly identified on some risk assessments. For instance, the provider had specific controls in place for the containment of fire at the centre; however, the centre's fire risk assessment had not identified what these measures were, so as to allow for their overall effectiveness to be regularly reviewed.

Fire safety precautions were in place, including, detection systems, containment systems, clear fire exits and regular fire drills. On the day of inspection, some self-



closing fire doors in the centre were found ineffective and when brought to the attention of the person in charge, she ensured this was rectified by close of the inspection. Although there was some emergency lighting available inside the centre, there was insufficient external emergency lighting to safely guide staff and residents from the centre's rear fire exits to the fire assembly point. The provider had plans in place to conduct some fire-upgrade works to the centre in the months subsequent to this inspection; however, it was unclear what interim measures were in place to support the centre's emergency lighting arrangements until this work was completed. Staff were very familiar with the procedure to be followed in the event of fire at the centre and they were aware of the support required by individual residents to safely evacuate. Although the centre's fire procedure was available at the centre, it required review to ensure clarity on what staff were to do in the event of fire, in particular, the procedure to be followed for the evacuation of residents living in upstairs accommodation, should the downstairs fire exits become inaccessible to them.

### Regulation 10: Communication

The provider had ensured residents received the support they required with regards to their communication needs. Various communication systems for residents were used at the centre, including, displayed daily activity boards, notice boards and residents' meetings were held on a regular basis, which provided residents with an opportunity to have their say in the running of the service.

Judgment: Compliant

### Regulation 13: General welfare and development

The provider had ensured adequate staff and transport arrangements were in place, which provided residents with multiple opportunities each week for community engagement and to take part in activities of their choice. Where residents wished to take part in educational or employment opportunities, the provider had systems in place to facilitate residents to do so.

Judgment: Compliant

### Regulation 17: Premises

The premises was found to be clean, nicely decorated and provided residents with a comfortable environment to live in. Residents had access to their own bedroom,

some en-suite facilities, shared bathrooms, sitting room, kitchen and dining area, utility, office spaces and to a level access garden.

Judgment: Compliant

### Regulation 26: Risk management procedures

The provider had systems in place for the identification, assessment, response and monitoring of risk at the centre. However, some improvement was required to the assessment of risk to ensure that the risk ratings documented on risk assessments, gave due consideration to the effectiveness of measures put in place by the provider in response to risk. Furthermore, some risk assessments required review to ensure that where additional controls were put in place by the provider in response to risk, that these were clearly documented.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had fire safety precautions in place, including, up-to-date staff training in fire safety, detection systems, clear fire exits, regular fire safety checks and regular fire drills. On the day of inspection, some fire doors were found ineffective and when brought to the attention of the person in charge, she ensured this was rectified by close of the inspection. However, the centre's fire procedure required prominent display and review to ensure it included the evacuation of residents living in upstairs accommodation, should the downstairs fire exits become inaccessible to them. Furthermore, the provider had not ensured adequate emergency lighting was available to safely guide staff and residents exiting the centre's rear fire exits to the fire assembly point.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

The provider had ensured all residents were subject to regular assessment and that personal plans were in place to guide on the specific supports they required. Residents were consulted with regards to the identification and achievement towards their personal goals and these were regularly reviewed by key-worker staff.

Judgment: Compliant

### Regulation 6: Health care

Where residents had assessed health care needs, the provider had ensured that these residents received the care and support they required. Residents also had access to a wide variety of allied health care professionals.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were no residents requiring behavioural support and there were no restrictive practices in use at the time of this inspection. However, the provider had up-to-date staff training and procedures in place to guide staff on the management of behaviours that challenge and restrictive practices, as and when required.

Judgment: Compliant

### Regulation 8: Protection

There were no safeguarding plans in place at this centre. The provider had procedures in place to guide staff on the identification, response and on-going review of any concerns regarding the safety and welfare of residents. Furthermore, all staff had received up-to-date training in safeguarding.

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 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Racecourt Manor OSV-0001518

Inspection ID: MON-0022428

Date of inspection: 12/11/2019

## 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 26: Risk management procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management procedures:</p> <p>Local Risk Register has been reviewed in compliance with the Care and Support Regulations 2013, and risk ratings reviewed to reflect controls currently in place for Infection Control.</p> <p>Risk Rating for Fire Safety reviewed as the external emergency evacuation lights have been installed. All containment fire doors are in place and functioning. –Fire door at entrance to Clinical team offices off the conservatory – to be installed by May 2020.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The following work was completed on the 25th November 2019</p> <p>Internal emergency light &amp; Outside sensor fitting of new emergency light (LED type) have been installed and replaced current outside sensor. Three LED outside emergency lights have been supplied and fitted in the back yard of the residential service. All new lights fitted to the CTU test unit at front door. Sensor units fitted automatically to bring on the lights in back yard should someone leave by the back of the house. Emergency light fitted to light yard in the event of a power cut. All of the above have been installed in line with the requirements of Care and Support Regulations 2013 .</p> <p>Emergency evacuation procedures have been edited and are displayed at entrance to the Unit, and on the landing of the stairs and in all bedrooms.</p> <p>Containment door into clinical offices to be installed by May 2020 as per HSE budgets. There are no residents in this area of the unit.</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
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	22/11/2019
Regulation 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	25/11/2019
Regulation 28(5)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place and/or are readily available as appropriate in the	Substantially Compliant	Yellow	22/11/2019

	designated centre.			
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