



Office of the Chief Inspector

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

Name of designated centre:	The Grange
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Dublin 24
Type of inspection:	Unannounced
Date of inspection:	10 September 2019
Centre ID:	OSV-0001524
Fieldwork ID:	MON-0024539

About the designated centre

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

The Grange is a four bed residential neuro-rehabilitation service. It follows a non-nursing model of care and supports a bio-psycho-social model. The service provides individualised, community based supports, designed to maximise the quality of life for each person living with an Acquired Brain Injury (ABI). This service is based in the community and can accommodate four adults with an ABI. The Grange is a five bedroom detached home located in Co. Dublin close to many local amenities and public transport links. Each resident has their own bedroom with access to a kitchen, dining room, living room, bathrooms and a garden area. The service is staffed 24 hours, seven days a week by Neuro Rehabilitation Assistants and a Team Leader. The team receives supports from a Person in Charge.

The following information outlines some additional data on this centre.

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

How we inspect

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
10 September 2019	09:00hrs to 18:00hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

On arrival the inspector was warmly welcomed into the residents' home and brought into the kitchen to meet with two residents who were sitting having tea. The inspector had the opportunity to speak with both residents. The residents expressed their satisfaction with the service they were receiving. They told the inspector about the different activities they had planned for the day. They stated they were given the opportunity to engage in activities that were meaningful for them. The residents expressed that staff were very supportive. They stated they felt very happy and safe and that they liked living with their housemates.

Throughout the day the inspector got the opportunity to meet and speak with the other residents in their home. They again spoke very highly about the care and support they were receiving. A resident spoke about their main goal in their personal plan and how important this was. They confirmed that staff were helping them work towards this goal.

Observations across the day indicated warm, respectful interactions between residents and staff. Staff provided support to all residents in a timely manner. The inspector observed residents discussing plans for the coming days and being part of the organisation of supports. Residents' dignity and respect was very much upheld, with assistance always offered first and staff waiting for consent from the resident before proceeding.

Residents enjoyed a high level of independence with choice being at the forefront of activities planned across the day. Residents were observed to leave the home independently and let themselves back into their home with their own key. Residents engaged in activities of their choice on the day of inspection, which included attending chess clubs, taking part in community activities and skill development courses. Residents appeared extremely happy in their home and expressed this frequently with the inspector throughout the day. Commonly stated by all residents was how comfortable that all residents felt in each others company. On leaving for the day, the four residents were sitting together enjoying a meal together. They were very complimentary of the food, which had been cooked by one of the residents.

Capacity and capability

The inspector found that the registered provider and the person in charge had very effective management arrangements in place to ensure a quality driven, safe

service was provided to residents. Due to the effective governance in the centre there were positive outcomes for residents, person centred care ensured that an inclusive environment was promoted where each residents' specific needs were considered. A neuro-rehabilitation approach was used with each of the residents in lines with the centres ethos, aims and objectives, to help promote the residents gain independent skills, social skills and learn new coping skills. Due to the comprehensive systems in place, and the level of quality service provision, full compliance with regulations inspected against was achieved.

The provider had ensured that there were clear management arrangements to ensure appropriate leadership and governance. There was a team leader permanently based in the centre with support from a person in charge. The team leader worked a variety of shifts, and was often supernumerary to the staff compliment. The person in charge and team leader were supervising staff members in both formal and informal capacities. Staff spoken with felt well supported in their roles and spoke very positively about the level of supervision and support they received.

There were appropriate systems and processes in place that underpinned the safe delivery and oversight of the service. There was an annual review of quality and safety of care of residents in the service that had been completed in 2018. This comprehensive report outlined the positive achievements the service had completed such as interior and exterior improvements, quality improvements and training. It also had an in depth analysis of accidents and incidents that occurred in the centre. There was an associated plan in place to reduce similar incidents occurring. Residents were afforded the opportunity to contribute to the annual review both formally and informally. The report stated that the residents living in the centre were happy and felt their needs were adequately met. This finding in the report was reflected on the day of inspection. In addition to the annual review, two six monthly unannounced visits had been completed. The inspector reviewed these reports and noted that any actions identified were completed in a timely manner.

In addition to the above, the person in charge had systems in place to monitor the quality of care and support for residents including audits which were completed regularly. The audits were completed in relation to personal plans and health and safety. These reviews were identifying areas for improvement, and actions from these reviews were impacting positively on residents care and support and their home. To promote shared learning and communication between the team, meetings were held on a monthly basis. The inspector reviewed a sample of these notes. The inspector found that the agenda discussed was resident focused and addressed areas to continually drive quality and safe services. Topics discussed included, incidents and accidents, health and safety and safeguarding. Shared learning was evident and the comprehensive notes on the discussions during these meetings evidenced strong communication between the team.

There were enough staff with the right skills, qualifications and experience to meet the assessed needs of residents. There was a person in charge who had oversight of the team leader and the neuro-rehabilitation support workers. All staff

spoken with were very knowledgeable about residents' specific needs. In addition to this the culture and ethos of the organisation was embodied by staff who all clearly recognised their role as advocates and that they were caring for residents in their own home. Respect, equality, dignity and autonomy of the residents, was very much upheld by all staff which resulted in a very supportive environment for the residents. Residents reported that staff were respectful and kind. This was observed throughout the day of inspection. A lovely interaction style with residents was observed, which was considerate of the residents assessed needs and wishes.

The staff training needs and development was organised and managed in a way to ensure that they had the required skills, experience and competencies to respond to the individual needs of the residents. All staff had received training in areas specific to providing evidence-based, quality and safe care. Staff had completed training in areas such as safeguarding, fire safety, safe administration of medication, behaviour support and de-escalation techniques to name but a few. Staff were also supported and encouraged to complete additional training outside the organisation that would further compliment their role. Staff spoken with were very knowledgeable in all areas of care provision. Some staff required refresher training in one area, however this had already been scheduled in the coming weeks.

The registered provider had established and implemented an effective system to address and resolve issues raised by residents or their representatives. The inspector reviewed the complaint and compliment log in place. In 2019 two complaints had been made and resolved in a timely manner. A review of resident house meeting indicated that the complaints procedure was often discussed and residents were encouraged to express any concerns. Residents spoken with knew who to speak with or how to express a complaint if necessary. The person in charge spoke in detail around a recent complaint, and although this had been resolved, the person in charge was exploring other possibilities around this issue to ensure the person effected had no cause of concern again. This demonstrated that the information gathered from this complaint informed a quality improvement aspect of the service that would benefit all residents.

Regulation 15: Staffing

There were enough staff with the right skills, qualification and experience to meet the assessed needs of the residents. There was an actual and planned rota in place.

Judgment: Compliant

Regulation 16: Training and staff development

The education and training available to staff enabled them to provide care that

reflected up-to-date, evidence based practices. All staff were supervised appropriate to their roles.

Judgment: Compliant

Regulation 23: Governance and management

The management structure was clearly defined and identified the lines of authority and accountability, specified roles and detailed responsibilities for all areas of service provision. Management systems were in place to ensure that the service provided was appropriated to residents' needs, consistent and effectively monitored.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a culture of continuous improvement where complaints were used to improve service provision. Complaints were resolved in proactive and timely manner.

Judgment: Compliant

Quality and safety

The inspector found that the provider and person in charge were striving to ensure that the quality of the service provided for residents was person centred and suitable for the assessed needs of the residents. The centre was managed in a way that maximised residents' capacity to exercise independence and choice in their daily lives. On the day of inspection the residents were getting ready to engage in meaningful activities of their choice. Residents spoke about the different types of activities they liked to do in their community and inspector observed some residents getting ready to go out to their activity of choice. Staff were very knowledgeable about the residents' preferences, needs and communication style and every effort was made to ensure that the resident was involved in all aspects of their day. As stated previously, the high level of quality embedded in service provision resulted in full compliance in the regulations inspected against.

The premises was warm, clean and kept in good structural and decorative repair. It was decorated to the residents' taste. Best practice in accessibility was promoted with adaptations to the environment made where necessary. There was a well kept garden area to the back. The residents had been involved in the recent work

completed in the garden which included planting and painting of different areas.

Staff were providing support to residents to pursue their individual goals based on consultation with residents and assessment of their support needs. The Mayo Portland Adaptability Inventory, 4th edition (MPAI-4) was used to assess the residents needs and goals under three main categories; abilities, adjustment and participation. Each of these categories evaluated different health, social and independent skills that the resident required. An annual 'Individual Rehabilitation Plan' was prepared with the input of the resident, their support network, family members, key worker, management team, and multidisciplinary team. Quarterly reviews of these plans were completed by the multidisciplinary team to review progress made in each area. The goals in the plans were meaningful for residents. In addition to this, a new assessment of need that was being piloted in the designated centre. The inspector reviewed a completed document for one resident. This assessment was comprehensive in reviewing personal, social and health needs and provided an excellent oversight of specific needs of residents. This would further compliment the assessments already in place.

Appropriate healthcare was provided to each resident in the centre. Healthcare needs were met by allied professionals within the community. Where required healthcare plans were in place to address specific needs and they were found to be sufficiently detailed to guide staff practice. Residents who are eligible, by means of gender, age or condition, are made aware and supported to access, if they so wish, the National Screening process and there was relevant documentation in relation to residents attending these appointments.

Residents were protected by the comprehensive safeguarding arrangements. There was a proactive culture in relation to keeping residents safe in their home and community. Safeguarding was integral to all parts of service provision. It formed part of the residents' assessment of need, it was discussed at residents' meetings, staff meetings and staff supervision sessions. The person in charge, and members of staff spoken with demonstrated more than sufficient knowledge of the types of abuse, actions to take in the event of witnessing or suspecting abuse. There had been no incidents of safeguarding in the designated centre to date.

In terms of fire precautions the provider had put in a number of measures to ensure the safety of the residents and staff. There was adequate means of escape with emergency lighting provided. Suitable fire containment measures were in place in the home. There was a procedure for the safe evacuation of residents and staff in the event of a fire which was prominently displayed. Fire drills had been completed at regular intervals. Staff and residents were provided with education and training around fire safety. Each resident had a 'grab pack' at the door which contained a change of clothes, high visibility vest, umbrella and snack of the residents choice.

Fundamental to safely supporting the level of choice and independence for residents, was achieving a reasonable balance between residents autonomy and the providers responsibility of identifying positive risk taking and developing appropriate risk assessments as required. The inspector reviewed a sample of individual and

local risk assessments and there was good evidence of this balance being achieved. Risk assessments were in place, where required. Risk control measures were relevant to the risk identified.

The transition process for all residents was well planned. The inspector reviewed a transition plan for a resident moving out of the service and one resident moving into the service. Both transitions had taken place recently and had involved consultation with the resident, their representatives and all other people involved with their care. Residents had been consulted and involved in all aspects of the transition and this was evidenced through comprehensive transition plans. The transition plans were focused on residents individual needs and preferences. Staff members who had been involved in the transition of one resident from the centre to an independent living arrangement spoke proudly about the achievements of the resident over the last few years and the planning involved in order to make it successful.

Residents' privacy and dignity was respected at all times, particularly in relation to personal communications. This was evident in the respectful way in which staff communicated with the residents. Each resident was listened to with care and respect by staff. Residents were facilitated and empowered to exercise choices and control across a range of daily activities and to have their choices and decisions respected. From speaking with residents they expressed the level of choice that was provided to them on a daily basis. They were actively consulted about and made decisions regarding the services and supports they received. For example a resident had expressed a wish for a very active and full timetable across their week, this had been implemented by the service. Another resident required a different pace in terms of activities and this was respected and adapted accordingly. Resident meeting notes were also reviewed which indicated choice provided to residents across a range of different areas such as shopping, meal planning, house rules, and day trips. Residents were very knowledgeable about advocacy services. Residents would often give information to the newer members of the home at residents meetings on this topic. Advocacy information was displayed in prominent places in the home.

Regulation 17: Premises

There was adequate private and communal accommodation. The home was clean and kept in good structural and decorative repair.

Judgment: Compliant

Regulation 26: Risk management procedures

Arrangements were in place to ensure risk control measures were relative to the risk identified.

Judgment: Compliant

Regulation 28: Fire precautions

Residents had been involved in fire drills. There was a procedure for the safe evacuation of residents and staff in the event of a fire prominently displayed.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The service worked together with the resident to identify their strengths, needs and life goals. A multidisciplinary review of the plan which involves assessing the effectiveness of the plan occurs on a frequent basis and takes into account changes in circumstances and new developments.

Judgment: Compliant

Regulation 6: Health care

Appropriate healthcare was made available for each resident, having regard to that resident's personal plan. There was evidence to demonstrate that residents were supported to make decisions regarding the National Screening Services and were facilitated to attend if they so wished.

Judgment: Compliant

Regulation 8: Protection

Residents were protected from all forms of abuse. Residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills

needed for self-care and protection.

Judgment: Compliant

Regulation 9: Residents' rights

Residents were consulted and participated in how the centre is planned and run. Residents have access to advocacy services and information about their rights.

Judgment: Compliant

Regulation 25: Temporary absence, transition and discharge of residents

Where appropriate, training in the life-skills required for a new living arrangement was provided to residents to enable them to live as independently as possible.

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
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	Compliant