Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Mobhi Road
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Dublin 9
Type of inspection:	Unannounced
Date of inspection:	08 January 2020
Centre ID:	OSV-0001525
Fieldwork ID:	MON-0025320

About the designated centre

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

Mobhi Road is a designated centre based in a suburban North Dublin area which can support five individuals with acquired brain injuries. The designated centre is comprised of one three storey semi-detached building with an enclosed garden space to the rear. The ground floor of the premises are made up of an entrance hallway, a sitting room, an open plan kitchen and dining space with an small utility room, a main bathroom, and two residents' bedrooms. The second floor is comprised of three resident bedrooms all with en suite facilities, and a staff office and sleep over room. There is a second shared bathroom and another staff sleep over room which also acts as an office on the second floor of the building. The outdoor spaces included a driveway to the front with space for parking several vehicles, and to the rear a landscaped garden space with paved areas, smoking shelter and outdoor dining area. The designated centre provides 24 hour residential supports to residents through a staff team of rehabilitative assistants, team leaders and a person in charge. The designated centre provides services to residents through a rehabilitative, person centered and rights based approach.

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
Wednesday 8 January 2020	09:00hrs to 18:00hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

At the time of the inspection, four residents were availing of the services of this designated centre. The inspector had the opportunity to meet all four resident at different stages across the day of inspection. In addition to this the inspector spent some time observing the morning routine in the home which included observing interactions with staff and residents. Residents views of the care and support they were receiving were also captured across the different documents reviewed, including the annual review, resident meeting notes and clinical team meeting notes.

Observations noted kind, warm and timely interactions with residents. Choice was at the forefront of all interactions from staff, and residents expressed wishes were always respected. Staff were very familiar with residents' specific needs and residents appeared comfortable and familiar with staff. Residents were encouraged to be as independent as possible and encouraged to complete relevant tasks in the home.

Residents spoke about the meaningful activities, employment and courses they were completing. The residents expressed that they were happy in their home and with the routines in place. Documentation review saw numerous examples where residents were asked their opinion on the care and support they were receiving. The examples reviewed stated that residents felt respected by staff, felt happy in the home with the other residents, and that they knew who to speak with if they needed to talk about any aspect of their care.

At the end of the day three residents were enjoying an evening meal together that one resident had prepared. Residents were complimentary of the food that they were eating. A relaxed, friendly atmosphere was noted at this time.

Capacity and capability

The inspector found that the services provided in the designated centre were of a good quality, and were safe and effective. There were clear examples, both during observations times and documentation review, of person centred and resident led practices. 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 robust governance arrangements in the service, positive outcomes for residents was achieved. Some minor improvements were required in relation to the notification of incidents to the Office of the Chief Inspector.

The governance and management arrangements found that the designated centre was adequately resourced to ensure the effective delivery of care and support to residents. There was a clearly defined management structure in place and staff members were found to be aware of their responsibilities and to whom they were accountable. There was a person in charge appointed to the centre that was supported in their role by two team leaders. The inspection was facilitated by both team leaders as the person in charge was on sick leave on the inspection day. The team leaders were found to very knowledgeable of residents. They were also very familiar and knowledgeable with all the systems in place to ensure a safe quality service was being delivered.

There were systems in place to ensure that services provided were safe and appropriate to residents' needs. An annual review of the quality and safety of care and support in the designated centre was found to have been completed along with unannounced visits to the designated centre by a person nominated by the registered provider. Residents' views on the quality of care were regularly sought through these reviews. In addition to this a suite of audits and checks were being completed at different intervals. Audits included medication, financial, individual personal plans and health care files, and health and safety. These audits were being completed at regular intervals. These reviews and systems were identifying areas for improvement and there was evidence that the minor actions following these audits were being completed in a timely fashion and leading to improvements for residents in relation to their care and support and their home.

The inspector observed that residents were encouraged to have a good level of independence in their routine and daily lives. Staffing levels were sufficient to support staff in line with their assessed needs. The qualification and skill mix of staff members employed in the designated centre was found to be appropriate to number and assessed needs of residents, and the size and layout of the centre. There were 1.5 full-time equivalent vacancies in the centre on the day of inspection. The team leaders spoke about the recruitment process in relation to these vacancies and interviews were scheduled in the coming weeks. Regular relief staff were utilised to cover these vacancies, to ensure this had minimal impact for the residents. A review of staff rosters demonstrated that the designated centre operated at the required staffing levels for the period of one month prior to inspection and there was evidence of a stable workforce in place. This provided for consistency, familiarity and trust that was evident between staff and residents. In addition, rosters were found to be flexible to support events important to residents. All interactions between staff and residents were observed to have been timely, respectful and warm. Staff spoken with by the inspector were found to speak of residents in a positive and respectful manner. All staff demonstrated comprehensive knowledge of the needs of each resident.

The inspector reviewed staff training records and found that staff had completed the necessary training and refresher training to enable them to provide up-to-date, evidence based care to the residents. All staff had completed mandatory training such as safeguarding, safe administration of medication and fire safety training to name a few. One staff member required refresher training in two areas, however this training was booked and staff were scheduled to attend in the coming

week. Staff had also completed additional training that was directly relevant to their role.

A sample of supervision notes were reviewed by the inspector. Supervision was occurring as per the organisation policy. Notes indicated that staff were being supported effectively to complete their role. All staff spoken with felt very supported both formally and informally and were very complimentary of the support they received from the person in charge, team leaders and also all other team members.

Observations on the day of inspection and documentation review noted that not all quarterly notifications of incidents were being notified to the Office of the Chief Inspector as per regulations. These incidents were being managed appropriately by the provider to ensure any associated risks were mitigated.

Regulation 15: Staffing

Residents received assistance, interventions and care in a respectful, timely and safe manner. Continuity of care was provided. There was an actual and planned rota.

Judgment: Compliant

Regulation 16: Training and staff development

The education and training to staff enabled them to provide care that reflected up-to-date evidence based practice. Quality supervision was in place that improved both practice and accountability.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were in place to ensure the service provided was safe, appropriate to residents' needs, consistent and effectively monitored. A nominated person from the organisation visited the centre at least once every six months and produced a report on the safety and quality of care and support provided in the centre.

Judgment: Compliant

Regulation 31: Notification of incidents

The person in charged failed to submit the required written report at the end of each quarter in relation to some incidents. This included a report on the occasions when an environmental restraint had been used and reports in relation to some minor injuries.

Judgment: Not compliant

Quality and safety

Overall, the inspector found that the provider, person in charge and all members of the team, were striving to ensure that the quality of the service provided for residents was person centred and suitable for their assessed needs. The centre was managed in a way that maximised residents' capacity to exercise independence and choice in their daily lives. Residents described a wide variety of meaningful activities, employment and courses which they took part in. It was evident that the residents had busy, active lives, where positive risk taking was encouraged and supported by the staff involved in their care. Residents that spoke to the inspector expressed that they were happy in their home.

On arriving into the premises the immediate impression was the centre was warm, clean and homely. Pictures of the residents were on display in all communal areas. The inspector was given permission to see a resident's bedroom and found it was decorated to their specific likes and taste. Overall, the decorative repair of the home was maintained to a good standard however, the kitchen, dining area and hall required painting. The team leaders informed the inspector that the residents were being consulted in the colours of these rooms. Resident meeting notes documented that this had recently been discussed. Paint had been purchased and the work would be commencing in the coming weeks. The outside area to the back of the house was very well kept, with a landscaped garden, seating areas and separate smoking area. Residents and staff spoke proudly of the work they had done to complete this area and plans were in place to continue to maintain this area over the coming months in line with seasonal changes.

The inspector found that a risk management policy in place in the designated centre titled "risk management and assessment policy" (dated April 2018) contained information required by and set out in the regulations. There was a local and individual based risk register in place. A sample of risk assessments and relevant control measures adopted were reviewed and these were found to be detailed and the risk rating was proportional to the level of risk identified. All risks were regularly reviewed. A review of incident, accident and near miss records found that 13 incidents were recorded as having occurred in the centre in 2019. The inspector

found that in all cases there was evidence of appropriate follow up taken and relevant risk assessments completed when necessary. However, the organisational policy in relation to oversight of incidents and near misses was not always being followed. Only one of the 13 incidents, accidents and near misses had been signed and completed by the National Service Manager which was a requirement of this policy. Although appropriate actions had been taken by relevant staff in these incidents, a small number of incidents had not been reported to the Office of the Chief inspector in line with regulations.

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. Goals were completed and assessed in line with each individuals expressed wishes. For example some residents required and requested that they complete their usual weekly routine and did not like to deviate from this. Other residents preferred to plan and work towards many different types of goals. Personal plans and goals reviewed indicated that this was respected for each individual.

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 exercised a high level of choice and control in their daily lives in accordance to their wishes and preferences. The residents privacy and dignity was respected at all times. Observations and discussions with staff indicated respectful interactions and communication style with each resident. Each resident was listened to with care and respect. Residents were consulted with on decisions regarding the services and supports they were receiving. A sample of resident meeting notes were reviewed. These meeting focused on providing choices to the residents across a range of aspects relating to the running of the designated centre. Resident meeting notes were presented at all staff meetings, which occurred the following day, to ensure residents rights, decisions, choices and preferences were communicated with the team as a whole.

Residents were protected by the safeguarding arrangements. Safeguarding was discussed at residents meetings, staff meetings and staff supervision sessions. The members of staff spoken too, 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 in the last year.

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. There was a procedure for the safe evacuation of residents and staff in the event of a fire which was prominently displayed. Fire drills were being completed at regular intervals. Staff spoken to had more than sufficient knowledge on what to do in the event of a fire. A sample personal evacuation plans were also reviewed, and these were found to adequately guide staff in relation to each residents specific needs in the event of an outbreak of fire.

The practice relating to the ordering, receipt, prescribing, storing including medical refrigeration, disposal and administration of medicines was appropriate. All medication was stored in a locked press in resident rooms or in the office.The designated centre used a 'blister pack' system for administering medications. The approach to medicines management was flexible as the level of support was informed by resident choice, assessment of need and resident safety. For example some residents had the responsibility of collecting their medications from their chosen pharmacy, where as other residents requested and were assessed to need the assistance from staff to complete this. A review of prescriptions and medication administration records for a sample of residents found that medication had been recorded as having been administered to residents as prescribed. Staff administering medications had completed specific training in the area and, when speaking with the inspector, demonstrated awareness of the appropriate actions to take in the event of a medication error. Medication errors were recorded and learning was identified following all identified errors.

Regulation 17: Premises

The premises was warm, clean, homely and decorated in line with resident wishes.

Judgment: Compliant

Regulation 26: Risk management procedures

There was a risk management policy in place in the designated centre (dated April

2018), this document was found to contain the required information set out in the regulations. Although there was evidence of learning following accidents, incidents and near misses, the organisational policy titled 'Accident Incident forms' in relation to oversight of these events was not always followed.

Judgment: Compliant

Regulation 28: Fire precautions

Fire precautions were in place to ensure the safety of residents. There was adequate means of escape, fire containment measures were in place and residents took part in regular fire drills.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Medicines were administered to the resident for whom they are prescribed. Residents had responsibility for their own medicines follow appropriate assessments and in accordance with their wishes, preferences and relevant needs.

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 multidisplinary review of the plan which involved assessing the effectiveness of the plan occurred on a frequent basis and took 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 safeguarded because staff understood their role in adult protection and would be able to put appropriate procedures into practice if necessary.

Judgment: Compliant

Regulation 9: Residents' rights

Staff members treat residents with dignity and respect at all times. The centre was managed in a way that maximised residents' capacity to exercise personal independence and choice in their daily lives, with routines, practices and facilities promoting residents' independence and preferences.

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 31: Notification of incidents	Not compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Mobhi Road OSV-0001525

Inspection ID: MON-0025320

Date of inspection: 08/01/2020

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 31: Notification of incidents	Not Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of incidents: A number of outstanding accident/incident reports require a final sign off by the National Services Manager as per policy. All reports will be signed off by 07/02/2020. The Accident and Incident Policy will be reviewed by the Quality Committee by May 31st 2020. Going forward the PIC will ensure all notification of incidents 31 (3) a and 31 (3) d will be completed quarterly to the chief inspector as per requirements.	

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 31(3)(a)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following incidents occurring in the designated centre: any occasion on which a restrictive procedure including physical, chemical or environmental restraint was used.	Not Compliant	Orange	31/01/2020
Regulation 31(3)(d)	The person in charge shall ensure that a written report is provided to the chief inspector at the end of each quarter of each calendar year in relation to and of the following	Substantially Compliant	Yellow	30/04/2020

	incidents occurring in the designated centre: any injury to a resident not required to be notified under paragraph (1)(d).			