



## Office of the Chief Inspector

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

Name of designated centre:	Rushbrook - Community Residential Service
Name of provider:	Daughters of Charity Disability Support Services Company Limited by Guarantee
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	01 May 2019
Centre ID:	OSV-0003088
Fieldwork ID:	MON-0022510

## About the designated centre

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

Rushbrook is a community residential home for four adult ladies with an intellectual disability. The aim of the centre is to support the ladies to be independent and to be full participants in their local community in accordance with their retirement plans. The house is located in a village in Co. Dublin and is close to a variety of local amenities such as hairdressers, beauticians, pharmacy, shops, pubs, churches and parks. Residents have access to a kitchen where they can prepare meals a dining room and a sitting room. There are one double and three single bedrooms in the house, two ladies share the double bedroom and two ladies have their own bedroom. The other single room is used by staff as an office and sleepover room. Residents also have access to a secure and accessible garden. Rushbrook provides low support care to the four residents. They are supported by a social care staff seven days a week 52 weeks a year and staff sleep over from 23.00-07.00 during the week and 24.00-08.00 at weekends.

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

Current registration end date:	04/09/2019
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
01 May 2019	09:00hrs to 17:00hrs	Marie Byrne	Lead

## Views of people who use the service

The inspector had the opportunity to meet and spend some time with three of the ladies living in the centre during the inspection. They described what it was like to live in the centre and how they were supported to engage in activities of their choosing and make choices in their day-to-day lives by staff in the centre.

A number of residents spoke to the inspector about their achievements and about holidays they had been supported to enjoy. They did this through conversations and by showing the inspector photographs of special events and important people in their lives.

A number of residents who spoke with the inspector described how important it was to them to travel independently and discussed how they use local public transport links. They described how they like to spend their time including their preferred activities both at home and in their local community in line with their retirement plans.

Each of the residents described the complaints process and named who they would go to if they had a problem. They all stated that they were happy and felt safe in their home. However, they all stated that there were not enough bathrooms in the house.

Residents and their representatives were given the opportunity to complete satisfaction questionnaires prior to the inspection. The ladies did not choose to fill them out but rather to discuss what it was like to live in the centre with the inspector. The one lady who was not at home on the day of the inspection asked staff to inform the inspector that she was happy in her home and enjoying accessing her local community independently. One satisfaction questionnaire was completed by a residents' representative and it was positive in relation to care and support in the centre.

## Capacity and capability

Overall, the inspector found that the person in charge and persons participating in the management of the designated centre (PPIM) were monitoring the quality of care and support for residents. They were completing regular audits and these reviews were identifying areas for improvement in line with the findings of this inspection. The provider had applied to renew the registration of the designated centre and had submitted all the required information with this application to the Office of the Chief Inspector. However, the provider was not ensuring full oversight

of the centre as they had not completed an annual review of care and support in the centre in the three years prior to this inspection.

There were clear management systems and structures in place and staff had clearly defined roles and responsibilities. The staff team reported to the person in charge who in turn reported to the person participating in the management of the designated centre. Staff meetings were held regularly and agenda items were found to be resident focused. Audits were being completed regularly including; care plans, medication management, first aid, infection control, maintenance, health and safety and complaints. There was evidence that the development of actions and the completion of actions following these reviews and evidence that these were bringing about positive changes in relation to residents' care and support.

The person in charge had the necessary qualifications, skills and experience to fulfill the role. They were responsible for this and another designated centre and had systems in place to monitor the care and support for residents in both centres. They were engaged in the governance, operational management and administration of the centre. In addition, they were knowledgeable in relation to the residents' care and support needs and residents who spoke with the inspector were very complimentary towards the support they received from the person in charge.

The inspector reviewed rosters and found that staffing numbers were appropriate to meet residents' needs. There were no staffing vacancies and to ensure consistency of support for residents, leave was covered by regular relief staff and staff completing extra hours. Residents were very complimentary towards staff in the centre throughout the inspection and told the inspector about how staff supported them to maintain their independence and achieve their goals. Staff members who spoke with the inspector were knowledgeable in relation to residents' care and support needs and motivated to support residents to maintain and where necessary develop skills to become more independent.

Staff had completed training and refreshers in line with residents' assessed needs. A training needs analysis was in place to ensure staff were up to date on the required training programmes. Staff who spoke with the inspector stated they were supported in their role and the person in charge was completing annual performance reviews with staff. However, they were not in receipt of regular formal supervision.

The inspector found that a number of policies and procedures required by schedule 5 of the regulations viewed in the centre during the inspection, had not been reviewed in line with the timeframe identified in the regulations. The provider was aware of this and had provided assurances to the Office of the Chief Inspector (OCI) that plans were in place to review these policies.

Residents were protected by the complaints policies and procedures in place. There was a nominated complaints officer and systems in place to record, investigate, respond to and follow up on complaints. There were no open complaints in the centre but staff were knowledgeable in relation to the what to do if there was a complaint in line with the organisations' policy. It was evident through discussions

with residents that they were aware of the complaint procedure and who they would go to if they had any concerns in relation to their care and support needs.

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

The provider had applied to renew the registration of the designated centre and had submitted all the required information with this application to the Office of the Chief Inspector.

Judgment: Compliant

### Regulation 14: Persons in charge

The person in charge had the necessary qualifications, skills and experience to fulfill the role. They had systems in place to monitor the quality of care and support in the centre and were knowledgeable in relation to residents' care and support needs.

Judgment: Compliant

### Regulation 15: Staffing

Staff were suitably qualified and knowledgeable in relation to residents' care and support needs. Residents were observed to receive assistance in a kind, caring, respectful and safe manner throughout the inspection. There were the appropriate numbers of staff with the right skill mix to meet residents' needs.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff had access to training and refreshers in line with residents' needs and had the required competencies to deliver safe care and support for residents. Staff told the inspector they were supported by the person in charge and person participating in the management of the designated centre. However, they were not in receipt of regular formal supervision.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

There was a directory of residents in place, which contained all the information required by the regulations.

Judgment: Compliant

### Regulation 22: Insurance

Residents were protected by appropriate insurance in place against personal injury and property damage.

Judgment: Compliant

### Regulation 23: Governance and management

There were clearly defined management structures which identified the lines of authority and accountability for each staff member. A suite of audits were being completed regularly and there was evidence that the actions completed following these reviews were positively impacting on residents lives and their home. However, the provider was not ensuring full oversight of the centre, as an annual review had not been completed in the centre in the three years prior to the inspection.

Judgment: Not compliant

### Regulation 3: Statement of purpose

The statement of purpose contained all the information required by schedule 1 of the regulations and had been reviewed in line with the timeframe identified in the regulations.

Judgment: Compliant



## Regulation 34: Complaints procedure

There were complaints policies and procedures in place. Residents and staff who spoke with the inspector could name the local complaints officer and describe the complaints process.

Judgment: Compliant

## Regulation 4: Written policies and procedures

A number of policies and procedures required by schedule 5 of the regulations viewed in the centre during the inspection, had not been reviewed in line with the timeframe identified in the regulations including;

- The prevention, detection and response to abuse.
- Communication with residents
- Recruitment, selection and Garda vetting of staff
- Provision of information to residents
- Risk management and emergency planning
- Access to education, training and development.

Judgment: Not compliant

## Quality and safety

Overall, the inspector found that the provider and person in charge were striving to ensure that the quality of the service provided for residents was good. The centre was well managed and residents described how they were supported to make decisions in relation to their day-to-day lives and how they were involved in the running of the designated centre. Through discussion with staff and residents it was evident that residents' potential and independence were being encouraged.

The three residents who were in the centre during the inspection showed the inspector around their home including their bedrooms. They described their involvement in decorating their home, including their bedrooms. Overall, the inspector found that the centre was clean and well maintained. However, there were

a number of areas in need of maintenance and repair including worn areas on the kitchen counters and areas in the centre in need of painting. The inspector acknowledges that a number of improvements had been made in the centre since that last inspection including replacing kitchen doors, the installation of new doors, and painting in a number of areas. Each of the residents who spoke with the inspector said how much they loved their home and how much they enjoyed living with their peers. However, in line with the findings of the last inspection the centre was not designed and laid out to meet the number and needs of residents. Two residents were sharing a bedroom and there was only one toilet in the centre. The provider was in the process of supporting one of the residents in the multiple occupancy bedroom to transition to another centre, in line with their wishes and at a pace suitable to them.

Residents' personal plans were found to be person-centred. Each resident had an assessment of need in place and care interventions developed in line with these assessed needs. Each of the residents had a retirement plan which described their wishes and preferences in addition to their goals. A number of residents described their goals and how they were supported to achieve them such as travelling independently, accessing their local community independently, visiting friends, staying at home alone, organising holidays and attending events such as parties. There was evidence of regular review and update of residents' assessments, retirement plans and their care interventions, to ensure they were effective.

Residents were being supported to enjoy best possible health. They had access to allied health professionals in line with their needs and care interventions were developed as required. There was evidence of regular review and update of their personal plans in line with their changing needs. They had health communication books in place and an a log was maintained of all of their appointments with healthcare professionals. The ladies were, and had accessed the national screening programmes in line with their age profile.

There were suitable arrangements in place to detect and extinguish fires. There was evidence that equipment was maintained and regularly serviced in line with the requirement of the regulations. Works had been completed since the last inspection including the installation of a number of fire doors and self closing mechanisms in key areas. Each resident had a personal emergency evacuation procedure in place and there was evidence that these were reviewed regularly and changes made in line with learning from fire drills. During the inspection a number of residents described what they would safely evacuate in case of an emergency such as a fire.

Residents were protected by appropriated risk management policies, procedures and practices. There was a system for keeping residents safe while responding to emergencies. There was a risk register and risk assessments which was reviewed and updated regularly in line with incidents. Incident review and tracking was evident in residents' personal plans as was the learning following incidents.

Residents were protected by appropriate policies and procedures relating to the ordering, receipt, storage and disposal of medicines. Audits were

completed regularly and incidents were documented and followed up on in line with the organisation's policy.

Residents were protected by appropriate transition planning in the centre. One resident was being supported to transition from the centre in line with their wishes and preferences. They had an individual needs and preference assessment completed and a detailed transition plan in place. There was a moving plan in place and staff were recoding each step of the transition process and how it was going for the resident.

There was a residents' guide in place which clearly outlined the services and facilities provided in the centre. It also detailed the terms and conditions relating to living in the centre, the arrangements for residents' involvement in the running of the centre, how to access any inspection reports, the procedure for complaints and the arrangements for visitors.

Each of the residents had a retirement plan in place which clearly detailed their wishes and preferences including those relating to end of life care. They were engaging in meaningful home and community based activities in line with these wishes and preferences and were being supported to maintain relationships with their families and friends and to develop links in their local community.

### Regulation 13: General welfare and development

Residents were supported to take part in meaningful activities in line with their wishes and preferences. They were supported to develop and maintain relationships and links in their local community.

Judgment: Compliant

### Regulation 17: Premises

Overall, the centre was warm, comfortable and homely. Overall, the centre was clean and well maintained. However, there were a number of areas in need of maintenance or repair as outlined in the main body of the report. In line with the findings of previous inspections the design and layout of the centre as not meeting the number and needs of residents in line with schedule 6 of the regulations.

Judgment: Not compliant

### Regulation 20: Information for residents

There was a residents' guide in place which contained all the information required by the regulations.

Judgment: Compliant

### Regulation 25: Temporary absence, transition and discharge of residents

One resident was in the process of transitioning from the centre and they were in receipt of the necessary supports as they transitioned. There were individual needs and preference assessments and clear step-by-step transition plans in place to ensure transitions occurred at a pace suitable to the them and their peers.

Judgment: Compliant

### Regulation 26: Risk management procedures

Residents were protected by appropriate risk management policies, procedures and practices. General and individual risk assessments and the local risk register were in place and reviewed regularly.

Judgment: Compliant

### Regulation 28: Fire precautions

There were suitable arrangements in place to detect and extinguish fires and evidence of servicing of equipment in line with the requirements of the regulations. Staff had appropriate training, fire drills were held regularly and residents had personal emergency evacuation plans. Works had been completed to install fire doors since the last inspection.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

Residents were protected by appropriate policies and procedures relating to the ordering, receipt, storage and disposal of medicines. Audits were

completed regularly.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

Residents' personal plans were found to be person-centred and each resident had access to a keyworker to support them to develop their goals. They had an assessment of need and care interventions in place in line with their identified need. There was evidence that these were reviewed as necessary in line with residents' changing needs and to ensure they were effective.

Judgment: Compliant

### Regulation 6: Health care

Residents were being supported to enjoy best possible health. Their healthcare needs were appropriately assessed and they had access to the support of relevant allied health professionals in line with their needs. In addition, Staff were knowledgeable in relation to their care and support needs.

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>Views of people who use the service</b>	
<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	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Not compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence, transition and discharge of residents	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

# Compliance Plan for Rushbrook - Community Residential Service OSV-0003088

Inspection ID: MON-0022510

Date of inspection: 01/05/2019

## 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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development: The PIC will be provided with supervision training.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: A copy of 2016 Annual Review is now available in the centre. The 2017/18 Annual Review is being completed.	
Regulation 4: Written policies and procedures	Not Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The Policy on communication with Residents was updated in April 2019. The Authors of other Schedule 5 policies are currently reviewing the out of date policies.	
Regulation 17: Premises	Not Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: The Provider will install an ensuite in one resident's bedroom.  One resident is completing her transition to another centre which will leave single occupancy bedrooms in this centre. This should be completed by end of June 2019.  The outstanding maintenance in the kitchen area will be completed.	



## 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 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	30/11/2019
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	30/12/2019
Regulation 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Substantially Compliant	Yellow	30/09/2019
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	30/12/2019
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Not Compliant	Orange	01/07/2019
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Not Compliant	Orange	30/09/2019

