



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

## Issued by the Chief Inspector

Name of designated centre:	Adelaide Road
Name of provider:	Peter Bradley Foundation CLG
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	11 December 2023
Centre ID:	OSV-0001527
Fieldwork ID:	MON-0033694

## About the designated centre

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

Adelaide Road is a designated centre operated by Peter Bradley Foundation CLG. The designated centre provides 24 hour residential care for up to seven adults with acquired brain injuries. The centre comprises of two adjoining semi-detached houses in a South County Dublin suburban area. The centre can accommodate up to seven adult residents. Each resident is provided with their own bedroom. The centre is located near a village which offers residents' local amenities and transport routes. The centre is managed by a person in charge who is also responsible for another designated centre located nearby. They are supported in their role by a team leader and a staff team of neuro-rehabilitative assistants.

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

Number of residents on the date of inspection:	5
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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 (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
Monday 11 December 2023	10:30hrs to 17:00hrs	Karen McLaughlin	Lead

## What residents told us and what inspectors observed

This report outlines the findings of an announced inspection of designated centre, Adelaide Road. The inspection was carried out to assess compliance with the regulations following the provider's application to renew the centre's registration.

The inspection was facilitated by the person in charge for the duration of the inspection. The inspector used observations and discussions with residents, in addition to a review of documentation and conversations with key staff, to form judgments on the residents' quality of life. Overall, the inspector found high levels of compliance with the regulations and standards.

The centre consisted of two residential semi-detached houses side by side in South County Dublin. The centre had the capacity for a maximum of seven residents. At the time of the inspection there were five residents living in the centre.

On arrival to the designated centre, the inspector was greeted by a staff member, who introduced themselves and directed the inspector to the office to meet with the person in charge and the provider's quality and safety support officer. The inspector also met and spoke with three staff members on duty on the day of inspection. They all spoke about the residents warmly and respectfully, and demonstrated a rich understanding of the residents' assessed needs and personalities and demonstrated a commitment to ensuring a safe service for them.

Residents were observed receiving a good quality person-centred service that was meeting their needs. The inspector observed residents coming and going from their home during the day. Staff were observed to interact warmly with residents. The inspector saw that staff and residents' communications were familiar and kind. Staff were observed to be responsive to residents' requests and assisted residents in a respectful manner. For example, one resident was being supported during a visit from the local public health nurse. Another resident was getting ready to go to a hospital appointment and was reminded of the time and what he needs to bring with him.

All residents were aware of the inspection visit and were supported to meet with and talk to the inspector. Two residents showed the inspector their bedrooms and appeared proud of them. Both said that they were happy living in the centre and happy with the renovations and premises upgrades that had occurred in their home. One resident told the inspector they were going to a hospital appointment later on and they enjoy accessing the local community independently. They said they were happy living in the centre and had no complaints.

In advance of the inspection, residents had also completed HIQA resident surveys, with support from staff. These surveys sought information and residents' feedback about what it was like to live in this designated centre.

One resident gave his survey to the inspector and discussed some of the comments he had put in it. The feedback in the surveys was very positive, and indicated satisfaction with the service provided to them in the centre, including the premises, meals, and staff, and also noted that residents felt safe and were able to make choices and decisions in their lives. One resident commented that they had no problems with being able to access activities they wished to pursue, saying 'I can go wherever I wish'.

It had previously been identified that both houses that made up the designated centre required significant renovation and upgrade works in order to adequately meet all residents' assessed needs and meet the requirements of Regulation 17: Premises.

As a result, a non-standard condition was added to the registration of this centre when the centre's registration was previously renewed. This non-standard condition required the provider to bring the centre back into compliance with Regulation 17: Premises within a specific time-frame.

In 2023, the provider identified that they may be unable to meet the condition time-frame and requirements due to circumstances outside their control. The provider applied to vary the non-standard condition time-frame to ensure they were still operating within their conditions of registration while also ensuring they were putting plans in place to meet the requirements of the condition in relation to premises upgrades and meeting Regulation 17: Premises.

This inspection found the provider had met the requirements of the non-standard condition within the time-frame set out.

The person in charge accompanied the inspector on an observational walk around of both houses that made up the centre. Overall, the inspector found the centre had been nicely upgraded and renovated and each home was found to be clean, bright, homely, nicely furnished, and laid out to the needs of residents living there.

The inspector observed the kitchens of both homes, that made up the centre, had been upgraded to a good standard. To the rear of the properties and leading from each kitchen area of the two houses, was a courtyard area that could be easily accessed by residents and staff. Residents' bedrooms were nicely decorated in line with their preferences and wishes, and the inspector observed the rooms to include family photographs, and memorabilia that was important to each resident.

Overall, the inspector found that residents in this centre were supported to enjoy a good quality of life which was respectful of their choices and wishes. The person in charge and staff were striving to ensure that residents lived in a supportive environment. It was clear that residents' views and wishes were listened to and that their autonomy was respected. From what the inspector observed, there was evidence that the residents had a good quality of life in which their independence, positive risk taking and rehabilitation was promoted.

The next two sections of this report will present the findings of this inspection in relation to the governance and management arrangements in place in the centre

and how these arrangements impacted on the quality and safety of care in the centre.

## Capacity and capability

The purpose of this inspection was to monitor ongoing levels of compliance with the regulations and, to contribute to the decision-making process for the renewal of the centre's registration.

Overall, the findings of this announced inspection were that residents were in receipt of a good quality and safe service, with good local governance and management supports in place. The provider had met the matters of their non-standard condition of registration and had made suitable arrangements to address deficits in relation to Regulation 17: Premises.

The registered provider had implemented governance and management systems to ensure that the service provided to residents was safe, consistent, and appropriate to their needs and therefore, demonstrated that they had the capacity and capability to provide a good quality service. The centre had a clearly defined management structure, which identified lines of authority and accountability.

There was a person in charge employed in a full-time capacity, who had the necessary experience and qualifications to effectively manage the service. They reported to a service manager and were supported by a team leader and team of neuro-rehabilitation assistants.

The registered provider had implemented management systems to monitor the quality and safety of service provided to residents. Annual reviews and six-monthly reports, and a suite of audits had been carried out in the centre. Residents were consulted regularly through residents' meetings.

There was a planned and actual roster maintained for the designated centre. Rotas were clear and showed the full name of each staff member, their role and their shift allocation. On the day of the inspection, there were two vacancies which were managed by block booking regular agency staff to reduce any impact on residents and to support continuity of care for residents.

Staff completed relevant training as part of their professional development and to support them in their delivery of appropriate care and support to residents. The person in charge provided support and formal supervision to staff working in the centre.

An up-to-date statement of purpose was in place which met the requirements of the regulations and accurately described the services provided in the designated centre at this time.

Records set out in the schedules of the regulations were made available to the inspector on the day of inspection, these were found to be accurate and up to date.

The provider had suitable arrangements in place for the management of complaints.

A non-standard condition had been added to the registration of this designated centre as part of its registration renewal. The non-standard condition had required the provider to come into compliance with Regulation 17: Premises by a specific date in 2023. Due to circumstances outside of the provider's control, the provider identified they would not be able to meet the matters of the non-standard condition and in submitted an application to vary the time line of centre's non-standard restrictive condition, to the Chief Inspector of Social Services.

On this inspection, it was observed and noted that the provider's oversight arrangements had ensured they met all conditions of registration, including non-standard conditions for the designated centre. This will be discussed later under regulation 17: Premises.

Overall, the inspector found that the centre was well governed and that there were systems in place to ensure that risks pertaining to the designated centre were identified and progressed in a timely manner.

#### Regulation 14: Persons in charge

The provider had appointed a person in charge for the centre that met the requirements of Regulation 14 in relation to management experience and qualifications.

There were adequate arrangements for the oversight and operational management of the designated centre at times when the person in charge was or off-duty or absent.

Judgment: Compliant

#### Regulation 15: Staffing

The designated centre was staffed by suitably qualified and experienced staff to meet the assessed needs of the residents.

Staffing levels were in line with the centre's statement of purpose and were well managed to suit the needs and number of residents, with additional staffing sourced for activity management.

Vacancies and staff absences were managed with regular agency staff to provide

familiar consistent care.

The person in charge maintained a planned and actual staff rota which was clearly documented and contained all the required information.

The inspector observed staff engaging with residents in a respectful and warm manner, and it was clear that they had a good rapport and understanding of the residents' needs.

Judgment: Compliant

### Regulation 16: Training and staff development

There was a system in place to evaluate staff training needs and to ensure that adequate training levels were maintained. All staff had completed or were scheduled to complete mandatory training.

Supervision records reviewed by the inspector were in line with organisation policy and the inspector found that staff were receiving regular supervision as appropriate to their role.

Judgment: Compliant

### Regulation 21: Records

The inspector reviewed a selection of records across Schedule 3 and 4. The registered provider had ensured the records of information and documents pertaining to each resident as specified in Schedule 3 was correct and in order. Similarly the sample of records viewed pertaining to Schedule 4 were correct and in order and were made available to the inspector upon request including the designated centre's statement of purpose, residents' guide and a record of all complaints made by residents or their representatives or staff concerning the operation of the centre.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined governance structure which identified the lines of

authority and accountability within the centre and ensured the delivery of good quality care and support that was routinely monitored and evaluated.

There was suitable local oversight and the centre was sufficiently resourced to meet the needs of all residents.

Audits carried out included a six-monthly unannounced visit, and audits on risk management, fire safety, infection prevention and control (IPC), safeguarding, medication, as well as an annual review of quality and safety by which residents and their representatives were consulted.

The designated centre had a clear action plan and audits carried out in the centre were up to date, with actions identified progressed in a timely manner. A review of monthly staff meetings showed regular discussions on all audit findings.

The provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents, adequate premises, facilities and supplies and residents had access to a vehicle for transport which was assigned for the centre's use only as well as the use of public transport. The centre is also conveniently located within in walking distance of a nearby town.

Judgment: Compliant

### Regulation 3: Statement of purpose

An up-to-date statement of purpose was in place which met the requirements of the regulations and Schedule 1 and clearly set out the services provided in the centre and the governance and staffing arrangements.

A copy was readily available to the inspector on the day of inspection.

It was also available to residents and their representatives.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was an effective complaints procedure in place in the designated centre. This was accessible and was displayed in a prominent place in the centre. The complaints log was reviewed on the day of inspection. The inspector found that the person in charge had good oversight of the complaints made within the centre and ensured that complaints were followed up in a timely and satisfactory manner.

Judgment: Compliant

## Quality and safety

This section of the report details the quality and safety of service for the residents living in the designated centre. The inspector found that the governance and management systems had ensured that care and support was delivered to residents in a safe manner and that the service was consistently and effectively monitored.

The premises was found to be designed and laid out in a manner which met residents' needs. There was adequate private and communal spaces and residents had their own bedrooms, which were being decorated in line with their tastes.

The inspector found the atmosphere in the centre to be warm and relaxed, and residents appeared to be happy living in the centre and with the support they received.

Residents' wellbeing and welfare was maintained by a good standard of evidence-based care and support practices. Residents' daily plans were individualised to support their choice in what activities they wished to engage with and to provide opportunity to experience life in their local community. The designated centre was located in a residential area with easy access to public transport, shops and community facilities such as a park nearby. Residents were observed engaging in activities such as going out locally for coffee, attending a local day service and being supported to attend medical appointments.

The provider had implemented measures to identify and assess risks throughout the centre. All resident risk assessments were individualised based on their needs and included a falls risk management plan, manual handling assessment and personalised emergency evacuation plans. There was a risk management policy also in place. Overall, risks identified in the centre were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and mitigate against risk.

There were fire safety systems and procedures in place throughout the centre. There were fire doors to support the containment of smoke or fire. There was adequate arrangements made for the maintenance of all fire equipment and an adequate means of escape and emergency lighting provided.

There were suitable care and support arrangements in place to meet residents' assessed needs. A number of residents' files were reviewed and it was found that comprehensive assessments of need and support plans were in place for these residents.

The provider had implemented a range of infection prevention and control measures to protect residents and staff from the risk of acquiring a health care associated

infection. The inspector saw that the designated centre was clean and there were sufficient hand washing and sanitising facilities.

Behaviour support plans were available for those residents who required them and were up to date and written in a person centred manner. Staff had up-to-date knowledge and skills to respond to behaviour that is challenging and to support residents to manage their behaviour.

On review of a sample of residents' medical records, the inspector found that their medicines were administered as prescribed. Residents' medicines was reviewed at regular specified intervals as documented in their personal plans, and the practice relating to the ordering; receipt; prescribing; storing; disposal; and administration of medicines was appropriate.

Overall, the inspector found that the day-to-day practice within this centre ensured that residents were receiving a safe and quality service.

### Regulation 13: General welfare and development

There was evidence that the centre was operated in a manner which was respectful of residents' needs, rights and choices which in turn supported the residents' welfare and self development. One resident expressed to the inspector that they felt like they had freedom to exercise control and choice in their daily lives.

Each resident had access to facilities for occupation and recreation with opportunities to participate in their local community in accordance with their wishes.

Residents were further supported to make their own choices in terms of meal planning, activity activation, including travel training and were supported to carry out their own laundry tasks where possible. This was reflected in the audits as well as the daily reports and residents meetings.

Residents had access to advocacy services and were consulted in the recent house upgrade.

Judgment: Compliant

### Regulation 17: Premises

The premises was found to be designed and laid out in a manner which met residents' needs. There was adequate private and communal spaces and residents had their own bedrooms, which were being decorated in line with their tastes.

Previous inspections identified that the provider needed to carry out work in the

residents' home to ensure that it was in a good state of repair internally and externally and designed in a way that suitable met the residents needs.

As a result, a non-standard condition had been added to this centre's registration requiring the provider to come into compliance in Regulation 17: Premises within a specific time-frame, primarily relating to an accessibility, fire safety and risk management.

The provider had taken measures to upgrade the premises and facilities and these matters were found to have been suitably addressed on this inspection. Therefore, demonstrating the provider's comprehensive action to meet the requirements of the restrictive condition and the regulations within the time-frame set out.

The registered provider had made provision for the matters as set out in Schedule 6 of the regulations. For example, the provider had carried out premises improvement works in the centre including kitchen upgrades in both houses. There had been a reconfiguration of the floor plans to provide better accessibility throughout the two houses.

Furthermore, painting and decorating of the communal areas had been completed and both houses had a homely feel. The centre was observed to be a clean and tidy, warm and comfortable environment. The communal areas of the centre had been redecorated with residents choosing the soft furnishings and a projector style multi-media device for home entertainment. Residents bedrooms were personalised to their own tastes, with photos of family members and friends as well as artwork and posters reflecting the interests of each resident.

The centre had also been adapted to meet the individual needs of residents ensuring that they had appropriate space that upheld their dignity and improved their quality of life while offering higher levels of independence to each resident. This included wheelchair accessible counters in the kitchen for increased accessibility to the sink and hob for residents to be able to use the kitchen facilities independently if they so wished.

There was a clear action plan for the designated centre in terms of the remaining work needed for the en suite bathrooms, with a schedule of work approved for early 2024. An occupational assessment carried out on each individuals en-suite supported this schedule.

Judgment: Compliant

### Regulation 26: Risk management procedures

A comprehensive risk register was maintained for the designated centre. The risk register accurately reflected the risks in the designated centre. Control measures to

mitigate against these risks were proportionate to the level of risk presented.

The person in charge was competent in identifying risk and highlighting those issues with team and the control arrangements in place to mitigate those risks. A risk management audit was in place which took into account trending of incidents that have occurred in the centre particularly in relation to falls, and health and safety.

The provider had an effective risk management policy which met the requirements of the regulations and was up-to-date.

Residents were supported to part-take in activities they liked in an enjoyable but safe way through innovative and creative considerations in place.

Risk assessments were individualised and included a falls risk management plan, manual handling assessment, IPC and emergency evacuation plans.

Judgment: Compliant

## Regulation 27: Protection against infection

Significant improvements were observed by the inspector overall in relation to the management of infection prevention control (IPC) across the designated centre, including new furniture throughout both houses, the skirting and walls had been painted and damage repaired and new sinks which were accessible to all had been fitted in both kitchens.

Overall, the designated centre was clean, tidy and clutter free. There was a comprehensive cleaning schedule in place. Staff members completed the necessary daily and weekly cleaning chores according to the provider's cleaning schedules. These schedules were regularly spot-checked by the person in charge.

All bathrooms, floors and windows and doors had been scheduled for a deep clean following completion of building works as identified in the most recent IPC audit.

The provider had an established IPC committee with an identified person as IPC lead holding overall accountability to provide oversight, responsibility and authority for Infection Prevention and Control throughout the organisation.

There was appropriate infection control plans, procedures and contingency plans in the event of an outbreak. To reduce the risk of infection spread, the centre was equipped with hand sanitiser dispensers placed throughout the centre. Staff spoken with were clear on the practises and procedures required and how these tasks were

carried out, and these were observed by inspector during the inspection.

Judgment: Compliant

### Regulation 28: Fire precautions

The centre had appropriate and suitable fire management systems in place which included containment measures, fire and smoke detection systems, emergency lighting and fire-fighting equipment.

These were all subject to regular checks and servicing with a fire specialist company and servicing records maintained in the centre.

All residents had individual emergency evacuation plans in place and fire drills were being completed by staff and residents regularly, which simulated both day and night-time conditions.

One resident provided a very clear description of what to do in the event of a fire when asked by the inspector.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There were safe practices in relation to the ordering, receipt and storage of medicines. There was a system in place for return of out of date medicines, and a form was stamped by the pharmacy. The medication administration records clearly outlined all the required details including; known diagnosed allergies, dosage, doctor's details and signature, and method of administration.

The provider had appropriate lockable storage in place for medicinal products and a review of medication administration records indicated that medicines were administered as prescribed.

Judgment: Compliant

### Regulation 5: Individual assessment and personal plan

The registered provider had ensured that there were arrangements in place to meet the needs of each resident.

Comprehensive assessments of need and personal plans were available on each resident's files. They were personalised to reflect the needs of the resident including what activities they enjoy and their likes and dislikes.

There were systems in place to routinely assess and plan for residents' health, social and personal needs.

Judgment: Compliant

### Regulation 7: Positive behavioural support

There were arrangements in place to provide positive behaviour support to residents with an assessed need in this area. Positive behaviour support plans in place were detailed, comprehensive and developed by an appropriately qualified person.

The inspector found that the person in charge was promoting a restraint-free environment within the centre. Restrictive practices in use at time of inspection were deemed to be the least restrictive possible for the least duration possible.

The provider had ensured that staff had received training in the management of behaviour that is challenging and received regular refresher training in line with best practice.

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 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 7: Positive behavioural support	Compliant