



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

## Issued by the Chief Inspector

Name of designated centre:	Racecourt Manor
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Sligo
Type of inspection:	Announced
Date of inspection:	19 December 2022
Centre ID:	OSV-0001518
Fieldwork ID:	MON-0029086

## About the designated centre

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

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

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

Number of residents on the date of inspection:	2
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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 19 December 2022	10:30hrs to 16:30hrs	Catherine Glynn	Lead

## What residents told us and what inspectors observed

This was an announced inspection to monitor the providers arrangements in response to an application to renew the registration of the centre. The centre was last inspected in July 2021. As part of this inspection, the inspector met with the person in charge, multidisciplinary staff, social care staff on duty and quality person during the course of the inspection. On the day of the inspection there were two residents present at intervals during the day and there were two vacancies. This inspection was completed over one day.

Both residents met the inspector and both spoke about the service and support they received as part of their rehabilitation programme. From discussion and observation it was clear that residents were supported in line with their assessed needs, in a respectful and dignified manner and they were receiving a very person centred service. Both residents stated that they were very happy with their service and knew who they would speak with if they had a concern.

Residents were receiving a good quality service in a homely and suitably decorated house, and were supported by a caring and skilled group of staff. The inspector was shown around the house by the person in charge and details of the recent renovation work completed was discussed, reviewed and observed. The inspector noted that the centre was very clean, warm, clean from debris and neat, and the overall impression was that this was a warm, light and comfortable home for residents to enjoy during their stay. One room required further work to ensure that adequate and suitable storage was provided for residents staying in this room. The inspector observed and spoke with one resident who did not have adequate storage and was using their suitcase to hold clothes at present.

Staff spoken with clearly explained the regime in place to support the residents and due to the specialised nature of this service, the importance of individualised supports in place. The inspector observed and spoke with both residents on the day and heard that they had very structured programmes in place but also received flexibility for relax and rest time as part of their daily programme. The inspector also noted that on admission the residents received a detailed admission booklet which contained all relevant information such as; the residents guide, statement of purpose, daily programme planner, and names of all staff supporting them. In addition, each resident had a daily planer board displayed on the wall of their bedroom which also acted a prompt for the daily activities or schedule in place.

Easy read versions of important information was made available to residents in a format that would be easy to understand. These included information about complaints, safeguarding, fire evacuation, hand hygiene, advocacy and human rights. As said earlier, residents were also provided with an admission pack which contained all of this documentation as well as other prompts to assist each resident as part of their individualised programme.

Residents were supported to keep in touch with their loved ones and interventions had been introduced to ensure residents could maintain contact with families and friends during their stay but also ensuring that the service was adhering to current public health guidelines. The inspector noted that on Fridays the person in charge ensured that a deep clean of the centre was completed in line with the centre closing at weekends.

The inspector found that policies, schedule 2 staff files, the statement of purpose and storage facilities in one bedroom required improvement, this will be clearly outlined in the next sections of the report.

The next two sections of the report outline 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 the service delivered to residents living in this centre.

## Capacity and capability

The monitoring inspection was carried out to ascertain the providers continued compliance with the regulations and to inform a registration renewal application. The centre was last inspected in July 2021, with one substantially compliant action found in relation to premises.

There was a suitably qualified and experienced person in charge of the centre, who had good knowledge of their roles and responsibilities and the provider had ensured that the residents had a good, varied and meaningful quality of life. The person in charge was responsible for this centre alone and had worked for this provider for a number of years and since the commencement of the regulations. On the day of the inspection, the inspector noted and observed the knowledge and experience of the person in charge. The person in charge worked in the centre in line with their role and was available for assistance or support as required. The person in charge went beyond the requirements of the regulations, and promoted effective oversight and accountability of the centre at the time of this inspection.

The provider also undertook required unannounced visits which were detailed and identified a number of issues, which were all completed by the specified timescales. There was also an annual report for 2021 which included the views of the residents and relatives. These were very complimentary as to the care and support provided and the provider was currently finalising the annual report for 2022.

The number and skill mix of staff was suitable to meet the needs of the residents with one-to-one staffing available during the day. Nursing care was not required by the residents and a social care model was in place in the centre. The staffing levels ensured that the resident's individual support and preferred activities were

provided. From a review of a sample of personal files, the recruitment practices were safe, however, the vetting for staff was not in date on the day of the inspection and two files only showed the vetting invitation and not the disclosure as required.

According to training documents reviewed, there was a commitment to the provision of mandatory training and additional training of relevance to the residents with ongoing schedules planned. Specific training had been provided for staff, where the behaviours presented were of a more challenging nature. The staff spoken with were very knowledgeable as to the supports necessary for the residents. Formal supervision processes for staff were in place and completed as scheduled. There was evidence that frequent team meetings were held which promoted good communication and consistency of care for the residents.

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

All the required documentation to support the application to renew the registration of the designated centre had been submitted.

Judgment: Compliant

#### Regulation 14: Persons in charge

The person in charge was appropriately skilled, experienced and qualified, had a detailed knowledge of the support needs of residents and was involved in oversight of the care and support in the centre.

Judgment: Compliant

#### Regulation 15: Staffing

The staffing numbers and skills mix were appropriate to the number and assessed needs of the residents. However, on review of four staff files the inspector noted that two staff files showed the invitation to complete the vetting process, the provider had not received the vetting disclosure as required by schedule 2. The inspector then noted that one staff had not completed a vetting disclosure or an

update from their initial recruitment.

Judgment: Compliant

### Regulation 16: Training and staff development

Staff were in receipt of all mandatory training and additional training specific to the needs of residents, and were appropriately supervised.

Judgment: Compliant

### Regulation 19: Directory of residents

The directory of residents included all the required information.

Judgment: Compliant

### Regulation 21: Records

The registered provider did not ensure that records and documentation as required for schedule 2 were not available on the day of the inspection. For example;

- the inspector noted that while an agency staff had all required documentation as specified in schedule 2, two staff files did not have complete vetting on file, a record of the vetting invitation was provided during the inspection but this was not satisfactory.

Judgment: Substantially compliant

### Regulation 22: Insurance

There was appropriate insurance in place and in date as required for the application to renew.



Judgment: Compliant

### Regulation 23: Governance and management

There was a clear management structure in place which identified the lines of accountability and authority. There were effective monitoring systems in place.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

There were contracts in place which clearly laid out the services offered to residents and any charges incurred.

Judgment: Compliant

### Regulation 3: Statement of purpose

The statement of purpose included all the required information and adequately described the service, however improvement was required as the description or the actual floor plans was not included in the statement of purpose as required by the regulations.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

All the necessary notifications had been made to HIQA within the required time-frames.

Judgment: Compliant

### Regulation 34: Complaints procedure

There was a clear complaints procedure in place. A complaints log was maintained, and complaints and complements were recorded and acted on appropriately.

Judgment: Compliant

### Quality and safety

There was a good level of compliance with regulations relating to the quality and safety of the services. Residents received person-centre care that ensured that each resident's wellbeing was promoted at all times, that personal development and community involvement was encouraged, and that residents were kept safe from all risks.

Review meetings took place frequently, at which residents' support needs for the coming months were planned. The inspector noted that the provider had updated the documentation system in place in the centre. This system alerted staff and keyworkers to complete various tasks and ensure that the residents' records were kept up to date. This ensured that residents' social, health and developmental needs were identified and that supports were put in place to ensure that these were met. The plans reviewed during inspection were clearly recorded and up-to-date. Residents attended this service for a short stay for six months as part of their care programme and in line with community outreach services in this county.

The centre comprised of one house which was located close to a large town. The centre was spacious, clean, comfortably furnished and decorated, suitably equipped and well maintained after recent renovations that were completed prior to the inspection. However, improvement was required as the inspector noted in a resident's bedroom a lack of suitable storage facilities. The house had a well equipped kitchen, adequate communal and private space, and gardens at the front and rear of the house.

Residents had access to the local community and were also involved in activities that they enjoyed in the centre. There were a variety of amenities and facilities in the surrounding areas and transport and staff support was available to ensure that these could be accessed by residents. The provider particularly ensured that there were enough staff available to support each resident in an individualised way. During the inspection, the inspector saw that residents were spending most of their

time out and about doing things they enjoyed in the local area.

There were suitable systems to control the spread of infection in the centre. There was extensive guidance and practice in place to reduce the risk of infection, including robust measures for the management of COVID-19. These included adherence to national public health guidance, availability of personal protective equipment (PPE), staff training and daily monitoring of staff and residents' temperatures. A detailed cleaning plan had also been developed and was being implemented in the centre.

The provider had systems in place to ensure that residents were safe. Arrangements were in place to safeguard residents from harm. These included safeguarding training for all staff, development of personal and intimate care plans to guide staff, the development of safeguarding plans and the support of a designated safeguarding officer as required, The provider also had systems in place to support residents with behaviours of concern. These included the involvement of behaviour support specialists and healthcare professionals, and the development, implementation and frequent review of behaviour support plans.

### Regulation 17: Premises

The design and layout to the premises was appropriate to meet the needs of the residents. The inspector noted the improvements from the recent renovation work that was completed in the centre. However, one bedroom did not have adequate storage facilities in place for residents' as the inspector noted that a resident was using their suitcase as storage on the day of the inspection, which did not meet the requirements of Schedule 6 of the regulations.

Judgment: Substantially compliant

### Regulation 20: Information for residents

The provider had ensured that all information as required by the regulations was available in the centre and also in a suitable format where required by residents.

Judgment: Compliant

## Regulation 26: Risk management procedures

The provider had systems in place for the management of risk which included a comprehensive personal risk management plan. Internal audits were taking place which ensured that control measures identified were effective.

Judgment: Compliant

## Regulation 27: Protection against infection

Appropriate infection control practices were in place in line with current public health guidelines.

Judgment: Compliant

## Regulation 28: Fire precautions

Appropriate fire safety procedures and equipment were in place at the centre and staff had completed up to date fire safety training. Fire drills demonstrated that both residents and staff could safely evacuate.

Judgment: Compliant

## Regulation 5: Individual assessment and personal plan

There was a personal plan in place for each resident in sufficient detail as to guide practice, including detailed healthcare plans, which had been regularly reviewed with the involvement of the residents and their families.

Judgment: Compliant

## Regulation 6: Health care

There was a high standard of healthcare, and there was a prompt and appropriate

response to any changing conditions. Residents had access to a range of allied health professionals in the centre.

Judgment: Compliant

### Regulation 7: Positive behavioural support

Appropriate systems were in place to respond to behaviours of concern. Where restrictive practice were in place they were the least restrictive required to mitigate the risk to residents, and were effectively monitored.

Judgment: Compliant

### Regulation 8: Protection

Appropriate systems were in place in relation to safeguarding of residents.

Judgment: Compliant

### Regulation 9: Residents' rights

The rights of residents were upheld, and the privacy and dignity of residents was respected.

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>	
Registration Regulation 5: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Racecourt Manor OSV-0001518

Inspection ID: MON-0029086

Date of inspection: 19/12/2022

## 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 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: Garda Vetting is in place for all staff and on file. Inspector queried about GV renewal every three years. This is currently with our HR department as it is not in policy to date.	
Regulation 3: Statement of purpose	Substantially Compliant
Outline how you are going to come into compliance with Regulation 3: Statement of purpose: Statement of Purpose has been updated and submitted to the inspector and approved as being compliant.	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: Wardrobe will be fitted by January 30th , awaiting carpenter to complete task. Service was newly reopened after extensive refurbishment project on day of inspection.	



## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/01/2023
Regulation 21(1)(a)	The registered provider shall ensure that records of the information and documents in relation to staff specified in Schedule 2 are maintained and are available for inspection by the chief inspector.	Substantially Compliant	Yellow	12/01/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	12/01/2023