



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

Issued by the Chief Inspector

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:	Short Notice Announced
Date of inspection:	13 July 2021
Centre ID:	OSV-0003088
Fieldwork ID:	MON-0032730

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 up to three adult with an intellectual disability with low support needs. The aim of the centre is to support the residents 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 North West 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 is one double and three single bedrooms in the house. All residents have their own bedrooms and other single room is used by staff as an office and sleepover room. Residents also have access to a secure garden space. The staff team comprises of a person in charge and social care workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	2
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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
Tuesday 13 July 2021	10:00 am to 1:15 pm	Thomas Hogan	Lead

What residents told us and what inspectors observed

From meeting residents and from what the inspector observed, it was clear that this was a very well run centre which provided a high standard of care and support to those who were availing of its services. It was clear to the inspector that there was a culture present in the centre which valued the views of residents, promoted a person-centred approach to the provision of services, and actively considered the human rights of the resident group. Residents were enjoying a good quality of life and told the inspector that they felt safe living in the centre.

The inspector met with both residents who were availing of the services of the centre at the time of the inspection. They were happy to meet the inspector and spent time talking about their lives and their experiences. Both residents told the inspector that they were happy living in the centre and enjoyed the supports provided to them by the staff team. They were very complimentary of the staff team and it was clear that they had developed strong relationships with them. There was an atmosphere of fun and enjoyment in the centre and staff and residents were observed laughing and joking with each other. Residents told funny stories from the past and showing the inspector photos of their families and friends.

The residents told the inspector that they enjoying a variety of activities including knitting, word searches, flower arranging, visiting friends, shopping, bingo and going on holidays. They explained that some of the activities they enjoyed had been restricted due to the COVID-19 pandemic and the associated public health guidance. While the residents understood the reasons for the restrictions, they explained that it had a negative impact on their lives over the past 18 months. Despite this, they explained that they were supported to maintain various forms of their activities where possible with the support of the staff team. For example, when a local community based flower arranging class was cancelled due to the COVID-19 pandemic, the staff team put together an improvised programme so the residents could maintain a sense of normality and routine. This involved purchasing cut flowers each week and putting a dedicated time period aside for flower arranging within the centre. The residents told the inspector that they really enjoyed this and that it helped them significantly during the extended period of public health restrictions.

The premises of the centre consisted of a detached house located in a quiet housing estate in suburban North West Dublin. On the ground floor there was an entrance hallway, kitchen, dining room, and living room. On the first floor there were three resident bedrooms (one including an en-suite bathroom), a staff sleep over room/office, main bathroom, hot press and landing. There was also a large enclosed garden to the rear and side of the property which included a lawn, a patio and outdoor dining space, and recreational areas. The premises was clean throughout and well maintained. It was homely and nicely decorated throughout. All residents had their own bedrooms and there was good arrangements for storage of personal

possessions.

The inspector found that there was clear evidence available to demonstrate that residents enjoyed a very good quality of life while living in this centre. It was also clear that the human rights of the resident group had been considered, promoted and protected by the staff team. The staff team had developed strong relationships with the resident group and all interactions observed by the inspector between staff members and residents were respectful and kind.

It was clear to the inspector that the views of the residents mattered to the staff team. There were weekly resident meetings held and each resident had an appointed key worker. The centre had a charter of rights on display and each week at the resident meeting a different right was discussed and explained. There were examples provided on how the rights could be respected and upheld and residents told the inspector that they felt empowered as a result. One resident explained that they had learned about their right to privacy and how they chose to spend time on their own on occasions as a result of learning about it. Both residents also told the inspector how they were fully informed about and included in decisions about a planned admission to the centre. They had met with the individual who was planning on moving into the centre and had the opportunity to build a relationship with them. They explained how they had agreed to the admission and were now looking forward to having another person sharing the space with them.

Overall, this was a very positive inspection with high levels of compliance with the regulations observed. In many instances this centre was meeting the national standards along with the requirements of the regulations. There were, however, two areas that required some improvements. These included the centre's policies and procedures and for some additional fire containment measures and emergency lighting.

The next two sections of the report 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 the service being delivered.

Capacity and capability

The inspector found that this was a well managed centre which provided care and support of a high standard to those availing of its services. There was good oversight of the services being provided and there was a culture present which promoted human rights and person-centred approaches to the delivery of care and support.

There were appropriate arrangements in place for the governance and management of the centre. There was a person in charge appointed who was supported by a clinical nurse manager and service manager. There was good oversight through the

completion of annual reports and six-monthly unannounced visits to the centre and a range of local audits. The centre was appropriately resourced to meet the collective needs of the residents availing of its services and there was a competent and confident workforce employed. There was a clear management structure in place and developed and effective management systems had been implemented to allow for oversight of the care and support being delivered. In all but two cases, the regulations inspected against were found to be compliant. In the case of two regulations which were found to be substantially compliant, the registered provider was aware of the need for further action and had demonstrated the ability to self-identify areas for ongoing development and improvement.

A review of staffing arrangements found that the number and skill mix of the staff team deployed in the centre was appropriate to meet the needs of the residents who were being supported. There was evidence to demonstrate that there was continuity of care which had a positive impact on the residents. The staff team had developed very positive and warm relationships with the residents and knew their needs and support requirements well. The staff team employed in the centre had completed a wide range of training and a review of records found that all training described as being mandatory had been completed by all staff members. Additional training had been completed in areas such as dementia, data protection and human rights. There were effective arrangements in place for the supervision of the staff team.

Regulation 15: Staffing

The inspector found that the culture and ethos of the organisation was embodied by the staff team who clearly recognised their roles as advocates and to create a supportive environment for the residents being supported in the centre. There were sufficient numbers of staff members deployed in the centre to meet the assessed needs of the resident group. There were actual and planned staff duty rosters maintained which clearly communicated the start and finish times of shifts, the names of staff members on duty along with their job titles.

Judgment: Compliant

Regulation 16: Training and staff development

There was evidence to demonstrate that staff members received ongoing training as part of their continuous professional development that was relevant to the needs of residents and promoted safe and high standards of social care practices. All members of the staff team had completed all training described as being mandatory by the registered provider. There were robust arrangements in place for the supervision of the staff team including regular team meetings, the presence of the

person in charge, and regular one-to-one formal supervision meetings with all staff members.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that there were effective governance and management arrangements in place to ensure the the delivery of high-quality person-centred care and support. There was good oversight of the care and support being delivered to residents. There was a strong and competent person in charge leading the staff team and effective management systems had been developed and implemented.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had ensured that all policies outlined as being required by the regulations were in place in this centre. However, one of the policies, which related to the provision of intimate care to residents, had not been reviewed and updated in the required three year time frame.

Judgment: Substantially compliant

Quality and safety

The inspector found that residents were supported to live active, meaningful and rewarding lives in this centre. There was evidence available to the inspector which demonstrated that residents were in receipt of care and support which was of a high standard, promoted their human rights and person-centredness, and safeguarded them from experiencing abuse.

There was evidence to demonstrate that residents' social care needs were being met through the supports provided in the centre. Residents told the inspector that they had developed and maintained a range of valued social roles in their community along with relationships with their natural support networks. They knew their neighbours and were seen as part of their community.

The registered provider was ensuring that residents were supported in a manner which promoted their rights, maximised participation and was directed by the

residents' own choices, decisions and preferences. Residents told the inspector how the staff team supported them to make informed decisions about who they voted for at the time of the last general election. The staff team put together an easy read summary of all local candidates and their position on a range of issues. The residents were then empowered to ask questions and make their own decisions on who to support when they cast their votes.

Residents were appropriately protected from experiencing incidents of a safeguarding nature in the centre through the practices of the staff team and local policies. While there had been two incidents of a minor nature in the time since the last inspection, the inspector found that these had been appropriately followed up on and investigated in line with local and national policies.

Regulation 17: Premises

The premises of the centre were found to be very clean, spacious and well maintained throughout. There was sufficient provision of private and communal accommodation and provided for a comfortable living environment for residents. Overall, the premises of the centre were found to meet the individual and collective needs of the residents through its design and layout.

Judgment: Compliant

Regulation 27: Protection against infection

The registered provider ensured that the residents were protected from healthcare infections by adopting procedures consistent with current public health guidelines. Residents had been supported to understand the COVID-19 pandemic and the need for increased infection prevention and control practices such as regular hand washing and sanitization.

Judgment: Compliant

Regulation 28: Fire precautions

There were personal emergency evacuation plans in place for each resident which clearly outlined the individual supports required in the event of a fire or similar emergency. There was evidence to demonstrate that residents and staff members could be evacuated from the centre in a timely manner. There was a fire alarm and detection system in place, however, there was an absence of appropriate fire containment measures in two areas. These included the doors between the kitchen

and dining room and between the dining room and living room. In addition, there was no emergency lighting in the dining room despite there being a emergency egress route passing through this area.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector found that the registered provider and the person in charge demonstrated a high level of understanding of the need to ensure the safety of residents availing of the services of the centre. Residents told the inspector that they felt safe in the centre and knew how to report any concerns that they may ever have. The staff team were aware of the various forms of abuse and the actions required on their part if they ever witnessed, suspected or had allegations of abuse reported to them.

Judgment: Compliant

Regulation 9: Residents' rights

There was evidence to demonstrate that the resident group was supported to exercise their rights, were included in decision making processes about their care and support, and were supported to exercise choice and control over their daily lives while availing of the services of the centre. There was a culture present in the centre which promoted the inclusion of residents in the running of their home and promoted a person-centred approach to the provision of care and support.

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 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Rushbrook - Community Residential Service OSV-0003088

Inspection ID: MON-0032730

Date of inspection: 13/07/2021

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 4: Written policies and procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 4: Written policies and procedures: The Intimate care guidelines are currently being reviewed by Director of Nursing.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: The fire officer will review the requirement for additional emergency lighting and additional fire containment in the centre and arrange installment of same.	

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 28(2)(c)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	30/10/2021
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	30/10/2021
Regulation 04(1)	The registered provider shall prepare in writing and adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	01/08/2021
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	Substantially Compliant	Yellow	01/08/2021

	not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
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