



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

## Issued by the Chief Inspector

Name of designated centre:	Mobhi Road
Name of provider:	Peter Bradley Foundation CLG
Address of centre:	Dublin 9
Type of inspection:	Announced
Date of inspection:	17 & 18 January 2024
Centre ID:	OSV-0001525
Fieldwork ID:	MON-0033984

## About the designated centre

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

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

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

Number of residents on the date of inspection:	4
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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
Wednesday 17 January 2024	10:00hrs to 13:00hrs	Karen McLaughlin	Lead
Thursday 18 January 2024	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, Mobhi Road.

This inspection was scheduled to inform decision making in respect of the provider's application to renew the centre's certificate of registration. The inspection was completed over two days.

On the first day, the inspector visited the premises of the designated centre, completed a walk-around and had the opportunity to meet with and talk to residents and staff. This part of the inspection was facilitated by the person in charge. On the second day, the inspector visited the provider's head office and reviewed documentation and paperwork relating to the centre.

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 storey residential semi-detached house in situated in North Dublin. The centre had the capacity for a maximum of five residents. At the time of the inspection there were four residents living in the centre.

On arrival to the designated centre, the inspector was greeted by a resident who introduced themselves and showed the inspector around their bedroom. The inspector then met with the person in charge and two 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. Some of the residents were able to access their local community independently, while others required staff support. The was in line with their assessed needs. For example, one resident was being supported to attend his local day service. 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.

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. A third resident briefly spoke to the inspector as they were returning from an outing.

In advance of the inspection, residents had also completed Health Information Quality Authority (HIQA) surveys, with support from staff. These surveys sought information and residents' feedback about what it was like to live in this designated centre. 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 are 'very happy at Mobhi Road. I have choice and the freedom to make decisions.' Another resident said, 'I cook most of my own food, but the meals I have in the house are lovely'.

The team leader accompanied the inspector on an observational walk around of the premises. Overall, the inspector found to be clean, bright, homely, nicely furnished, and laid out to the needs of residents living there.

There was a sitting room and a separate dining area which was connected to a kitchen. Some of the residents cooked their own meals and looked after their own menu planning. The kitchen dining area was main hub of activity in the house. When residents returned from being out and about they each came in to kitchen had tea or coffee and communicated with staff about their day.

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. A second resident offered to show the inspector around his bedroom and en suite and spoke positively of his experience living in the designated centre, describing the staff and the quality of care he receives as excellent.

All residents were supported and encouraged to actively engage in their locality in accordance with their will and preference. They had access to a wide variety of groups such as the local men's shed and day service programmes. Residents also have to the opportunity to plan holidays and one resident spoke of his trip to see Liverpool FC.

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. 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.

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.

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.

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.

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.

A directory of residents was made available to the inspector on the day of inspection, and was found to be accurate and up to date.

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.

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.

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

An application to renew the centre's certificate of registration was made within the time frame as prescribed by the Regulations and the appropriate fee was paid. However, while all of the required documentation were submitted, the current lease was due to expire during the next registration cycle and further assurances are

required.

Judgment: Substantially compliant

### 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.

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 19: Directory of residents

The centre had an up to date directory of residents and it was made available to the inspector to view.

Judgment: Compliant

### Regulation 22: Insurance

The provider submitted a copy of their certificate of insurance along with their registration renewal application. The inspector saw that the provider had effected a contract of insurance against injury to residents.

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.

It was evidenced that there was regular oversight and monitoring of the care and support provided in the designated centre and there was regular management presence within the centre.

The designated centre was managed by a suitably qualified and experienced person in charge .They reported to a service manager and were supported by a team leader and team of neuro-rehabilitation assistants.

However, while the inspector found that governance arrangements were effective at a local level however enhancements were required to provide effective oversight at the provider level.

The centre was sufficiently resourced to meet the needs of all residents in line with the statement of purpose.

There were a series of audits in place which comprehensively identified issues.

Specific and measurable time-bound action plans were derived from these audits.  
A review of monthly staff meetings showed regular discussions on all audit findings.

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

### 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 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.

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.

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.

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.

Residents' health care needs were well assessed, and appropriate health care was made available to each resident. Residents had access to a general practitioner and a wide range of allied health care services.

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

### Regulation 17: Premises

The registered provider had ensured that the premises was designed and laid out to meet the aims and objectives of the service and the number and needs of residents. The centre was maintained in a good state of repair and was clean and suitably decorated.

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 within the designated centre. For example, the ground floor bedrooms had a bathroom situated in the adjacent hall. This bathroom has been scheduled for an upgrade in February of this year due to changing needs of the residents who access this bathroom.

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 and team leader were competent in identifying risk and highlighting those issues with team and the control arrangements in place to mitigate those risks.

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

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

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

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 6: Health care

Individual health plans, health promotion and dietary assessments and plans were in place. A review of residents files demonstrated that residents had access to general practitioners, hospital consultants and allied health care professionals in accordance with their assessed needs.

The designated centre's most recent staff meeting discussed all residents health care needs including medical appointments, prescriptions, additional clinical input from physiotherapy and occupational therapy and engagement with national screening programmes for men's health.

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	Substantially 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 22: Insurance	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant

# Compliance Plan for Mobhi Road OSV-0001525

Inspection ID: MON-0033984

Date of inspection: 17/01/2024 & 18/01/2024

## 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
Registration Regulation 5: Application for registration or renewal of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 5: Application for registration or renewal of registration:            ABII have received a letter from the Landlord outlining the option to renew the lease on Mobhi Road after the end of the current lease (ending April 2027)            This letter was sent via email to HIQA on 16.02.24 by Thomas Miskelly.            It is ABII Mobhi Road’s wish to remain on the property for the foreseeable future.</p>	

**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>
Registration Regulation 5(2)	A person seeking to renew the registration of a designated centre shall make an application for the renewal of registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 2.	Substantially Compliant	Yellow	16/02/2024