



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

## Issued by the Chief Inspector

Name of designated centre:	Brompton - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Unannounced
Date of inspection:	10 February 2022
Centre ID:	OSV-0003069
Fieldwork ID:	MON-0034744

## About the designated centre

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

Brompton is a community based home for adult residents with an intellectual disability. The centre is situated in Co. Dublin within walking distance of a local village which has amenities such as shops, cafes, restaurants, and a shopping centre. The premises consists of a two-storey building with four bedrooms, two bathrooms, a kitchen-dining room, a living room and a self contained one-bedroomed apartment. Four residents live in the main part of the house and one resident in the apartment. Staff encourage residents to be active members in their communities and to sustain good relationships with their family and friends. The staff team comprises a person in charge, and social care workers. Staffing resources are arranged in the centre in line with residents' needs.

**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
Thursday 10 February 2022	09:45hrs to 14:15hrs	Erin Clarke	Lead

## What residents told us and what inspectors observed

The purpose of this unannounced risk-based inspection was to monitor the centre's ongoing levels of compliance with the regulations and progress in addressing areas of non-compliance since the previous inspection.

At the time of this inspection, four residents were living in this designated centre, with one vacancy. The inspector met with two residents during the inspection while two other residents were attending their day service and work programmes. The first resident who met with the inspector was preparing to leave the designated centre with a family member for the weekend. The resident greeted the inspector by bumping elbows and appeared very happy and excited about going on their trip. The inspector observed friendly interactions with staff as they prepared to leave the centre.

Given the ongoing COVID-19 pandemic, the inspector was requested to check their temperature and sign in to a visitors log for contact tracing purposes on arrival at the centre. Dispensers for hand gels were also available for visitors to sanitise their hands. The house consisted of four bedrooms upstairs, a self-contained apartment and a combined kitchen dining area downstairs. A living room led off the main communal space with sliding doors for additional privacy. On arrival to the house, the inspector found residents were knowledgeable about current COVID-19 monitoring systems, with residents observed taking their own temperature in the morning.

The second resident met with spoke positively about living in this house and mentioned some activities which they had done recently, including going shopping and getting a haircut. The resident remembered the inspector from the previous inspection and spoke about staff changes that had occurred and how this benefited them. For instance, the resident was going to the cinema later on in the day with staff and going out for lunch. The resident also talked about going home at the weekend and attending a show, and while the inspector was present, this resident appeared quite happy and engaged in friendly interactions with staff.

In summary, residents met with during this inspection spoke positively about life in the designated centre since the previous inspection. Staff members and residents were seen to interact with each other in a very pleasant and respectful manner during the inspection. The atmosphere in the designated centre on the day of the inspection was found to be calm and relaxed with residents who were seen to move freely throughout the centre. A reduction in the number of residents living in this designated centre since the previous inspection had changed the dynamics of that house with indications that interactions between the remaining residents had improved and opportunities for one-to-one activities had greatly increased.

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 designated centre was previously inspected in September 2021, where significant concerns were identified in the areas of staffing, training, and governance oversight during the course of the inspection. It was also found that the provider had failed to complete its stated actions as per the submitted compliance plan in response to the previous inspection's finding from November 2020. As a result, the purpose of this risk-based inspection was to ascertain the registered provider's progress in addressing the above areas of concern.

During the current inspection, the inspector found that the provider had taken corrective action to respond to the issues of concerns raised by the inspector, which were found to have positive outcomes for residents. Following the previous inspection, the provider had devised an action plan to respond to the non-compliances identified. Consequently, there was clear evidence that the identified actions were being implemented in practice. For example, the provider had ensured that residents were provided with a continuity of care from an increased core staffing team, and the practice of unfamiliar agency staff had ceased since the previous inspection.

Staff spoken with indicated that the changes made by the provider to the staffing arrangements in the centre had a positive effect on the morale of staff and the lived experience of residents. It was clear that the residents liked to be supported by staff that were known to them and were aware of their likes and dislikes.

In addition, it was seen how the provider had taken measures to improve the level of oversight of the designated centre. For instance, the provider had committed in its compliance plan that unannounced audits and improvement plans would review the staffing levels and consistency of staff in the centre to ensure that the assessed needs of residents were being adequately provided for at all times. The most recent unannounced inspection completed in October 2021 reviewed the staffing ratios, induction process for relief staff and interviewed staff as part of the audit.

Staffing training had also been improved since the previous inspection, with all staff having had completed mandatory training and resident-specific training, particularly dementia training. In the last inspection, it was difficult to determine the training status of relief staff due to the large number of relief staff that had worked in the centre over several months and the record-keeping system used in the head office. The person in charge explained to the inspector that they now had oversight of the relief staff's completed training and that a new matrix was devised for ease of review.

## Regulation 15: Staffing

The inspector found that since the previous inspection, the provider now met the requirements of this regulation. There were arrangements in place for continuity of staffing so that support and maintenance of relationships were promoted. A core team of staff were employed in this centre, and where relief staff were required, the same relief staff who were familiar to the residents were employed. A full-time staff member was now employed to work nights in the centre, with interviews having taken place to employ an additional staff member. As a result of these changes, the turnover of staff had reduced in the centre. The inspector also found that residents could avail of more individual activities in the community with staff, and residents said that they enjoyed these outings.

Judgment: Compliant

## Regulation 16: Training and staff development

The provider had responded to failings under this regulation and had provided additional staff training in line with residents' changing needs. The processes for record-keeping of relief staff training had also been reviewed and streamlined for ease of access and review. In addition, the person in charge confirmed they had oversight of the completed training of relief staff prior to commencing working in the centre.

Judgment: Compliant

## Regulation 23: Governance and management

The inspector found a high level of compliance on this inspection. The provider had implemented its actions in response to the September 2021 inspection, which had a positive impact overall. New processes had been introduced around staffing, training and oversight, which were found to be effective. Furthermore, there was evidence of increased oversight and support from the provider for those directly involved in the management of this centre. This helped ensure that actions identified during the September 2021 inspection were responded to appropriately. For example as previously mentioned, no concerns were found during this inspection regarding the resourcing of staffing, an area which had been raised as a concern on this centre's two previous inspections, while the consistency of staff working in this centre had improved in recent months also.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider had established and implemented effective systems to address and resolve issues raised by residents or their representatives. Systems were in place, including access to an advocacy service, to ensure residents had access to information that would support and encourage them to express any concerns they may have. Feedback regarding the service provided was also sought annually from residents and their representatives.

On the day of the inspection, there had been one complaint made by one resident since the previous inspection that was resolved to the resident's satisfaction. The inspector identified that the designated complaints officer had retired since the previous inspection and it was unclear during the inspection who the replacement complaints officer was in their absence as their photo remained in place for this role. Also, the complaints procedure was not prominently displayed in the designated centre.

Judgment: Substantially compliant

### Quality and safety

The provider had taken measures to respond to the issues highlighted by the previous inspection, which contributed to an improved level of compliance on this inspection. As a result, the inspection findings were very positive, and there was clear evidence to demonstrate that high-quality services were being provided in the centre.

The centre had been found substantially compliant concerning fire precautions on the previous inspection in relation to the absence of fire drills that stimulated night-time conditions. The inspector was informed during the current inspection that on review of the evacuation needs of residents and the layout and design of the house, all residents could not be safely evacuated in the event of a fire. This finding, along with a decline and change in needs, resulted in one resident transitioning to another centre under the provider that better suited their needs.

The inspector reviewed the transition plan of the resident from the centre and found the process was, for the most part, in line with the provider's policy. Restrictions in place because of COVID-19 had affected some elements of the planned transition that were outside of the control of management. For example, visits to the new centre as part of the settling in period could not take place due to a COVID-19 outbreak. However, the inspector found that the resident was supported in a

number of ways, including staff moving with the resident for several days as part of the orientation process and the consultation and involvement of family members.

Since the previous inspection, all safeguarding plans had been reviewed for effectiveness and relevancy. The inspector had previously identified that one control measure contained within a safeguarding plan had created a restrictive practice and impacted some residents' rights to free access within their home. A multi-disciplinary review of the safeguarding plans identified that due to no incidents of a safeguarding nature over the previous two years and staffing arrangements in place, the requirement for the safeguarding plan was no longer required and had been removed from practice.

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

The inspector found that internal transfer of residents was in line with the organisation's policy on access, discharge and transfers; there was evidence contained within the resident's personal plan that their move was determined on the basis of transparent criteria in accordance with the centre's statement of purpose. The person in charge had ensured that residents receive appropriate support, based on their needs, as they transitioned between residential services and took place in a planned and safe manner.

An accessible plan with photos was created by staff for the use of the resident. The personal plan clearly stated the residents' likes, dislikes, routine and what was important to the resident. The inspector was satisfied that continuity of care would be provided for by the early and coordinated planning, effective information sharing, communication, and clear transition processes.

Judgment: Compliant

### Regulation 28: Fire precautions

The registered provider had taken appropriate actions since the previous inspection to ensure that residents, staff and visitors were protected in the event of a fire in the centre and could be safely evacuated. There were suitable fire containment measures in place, and the provider had installed self-close devices on doors in applicable to further improve containment arrangements.

Judgment: Compliant

### Regulation 8: Protection

Staff working in the centre had received training in safeguarding vulnerable adults with refresher training provided and in date. Staff spoken with demonstrated a good understanding of safeguarding vulnerable adults policies and procedures. There were no active safeguarding plans in place at the time of the inspection and the provider had ensured incidents had been reviewed and investigated where required with actions completed.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 34: Complaints procedure	Substantially compliant
<b>Quality and safety</b>	
Regulation 25: Temporary absence, transition and discharge of residents	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Brompton - Community Residential Service OSV-0003069

Inspection ID: MON-0034744

Date of inspection: 10/02/2022

## 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 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>We the registered provider will provide an effective complaints procedure for residents which will be accessible and age appropriate and we will display a copy of the complaint procedure with a picture of the complaints officer in a prominent position in the designated Centre.</p> <p>We the registered provider will ensure that a person who is not involved in the matters the subject of complaint are nominated to deal with complaints by or on behalf of the residents.</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).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 34(1)(d)	The registered provider shall provide an effective complaints procedure for residents which is in an accessible and age-appropriate format and includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre.	Substantially Compliant	Yellow	21/03/2022
Regulation 34(2)(a)	The registered provider shall ensure that a person who is not involved in the matters the subject of complaint is nominated to deal with complaints by or on behalf of residents.	Substantially Compliant	Yellow	21/03/2022