



Office of the Chief Inspector

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

Name of designated centre:	Adelaide Road
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Unannounced
Date of inspection:	04 September 2019
Centre ID:	OSV-0001527
Fieldwork ID:	MON-0024719

About the designated centre

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

The designated centre provides 24 hour residential care to seven adults with acquired brain injuries. The centre comprises of two adjoining semi-detached houses in a South County Dublin suburban area. The designated centre is made up of two separate units, one operating in each of the two adjoining houses. In one unit there was an entrance hallway, an open plan kitchen and dining/living area, three bedrooms with en suite facilities, and an open air courtyard space on the ground floor. On the first floor there was administration offices and a staff sleepover room. The second unit contained an entrance hallway, a large living room area, an open plan kitchen area with dining space, a staff office/sleep over room, and two resident bedrooms with en suite facilities on the ground floor. The first floor area contained an additional two bedrooms for residents, both with en suite facilities, and a hot press. The exterior space of the centre included a front driveway with space for parking and a large garden at the rear of the units which housed some outbuildings for storage facilities. Residents were supported by a person in charge, team leader and a staff of neuro-rehabilitative assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	6
--	---

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
04 September 2019	09:30hrs to 19:00hrs	Sarah Mockler	Lead

What residents told us and what inspectors observed

On arrival to the house the inspector was welcomed in by a resident. The inspector had the opportunity to meet briefly with five of the six residents across the day of inspection. One resident had recently transitioned from the centre and was living independently in line with their assessed needs and wishes. Residents who spoke with the inspector stated they were happy in their home. Residents appeared comfortable in staff presence. During observations, staff were kind and respectful when interacting and supporting residents.

Some residents showed the inspector around their room and spoke about items that were important to them such as their DVD and music collection. A resident expressed that they were very happy with the painting that had just been completed in their room. The residents stated they liked their bedrooms and would often choose to watch tv in their rooms or relax in their rooms at different parts of the day.

On the day of inspection some residents were getting ready to go out to do activities of their choosing, such as meeting with family members, spending time in the community or going to their day service. Later in the day when the residents returned they spoke about how much they enjoyed their day. Overall, residents appeared comfortable and settled in their home environment.

Capacity and capability

The inspector found that overall, the registered provider and the person in charge had effective management arrangements in place to ensure a safe service was provided to residents. However, improvements were required in relation to the oversight and monitoring of the centre to ensure it continued to deliver a quality driven service. This is discussed further throughout the report.

The person in charge facilitated the inspection, and the inspector found that they had the relevant qualifications, skills and experience to manage the centre. This person had only recently commenced in this role. The person in charge was very familiar with each residents' background and specific needs. On the walk around with the person in charge, each resident greeted the person in charge in a warm and friendly manner. The person in charge was also involved in the management of another designated centre. There were suitable arrangements in place, such as the team leader role, to ensure the safe management of the centre when the person in charge was not present. The person in charge maintained a log of their visits to the centre and brief overview of tasks completed. On review of this log it was found that the person in charge visited the designated centre minimally twice a week and also

provided support through phone calls on a regular basis.

The provider had ensured that there were clear management arrangements to ensure appropriate leadership and governance. There was a team leader permanently based in the centre with support from a person in charge. The team leader worked a variety of shifts, and were supervising staff members in both formal and informal capacities. Staff spoken with felt well supported in their roles.

The provider had completed six monthly unannounced visits to evaluate the care and support provided in the centre in line with regulations. The two most recent reports from these visits were reviewed by the inspector. The reports generated from these visits were not always identifying areas that required improvement. Therefore, effective oversight and monitoring of the service was not effectively implemented. For example in the report dated June 2019, the provider had indicated that the premises was in compliance with regulations. On the day of inspection significant failings in relation the premises were identified. This is discussed further on in the report.

There was sufficient staff in the centre who had the knowledge and skills to respond to the support needs of residents. On the day of inspection there was one whole time vacancy for a neuro-rehabilitation support worker. Interviews had been scheduled to fill this post. In the interim regular relief staff had been used to ensure residents had been supported appropriately. This vacancy had no evidence of impacting the residents quality of care and support.

The majority of staff had completed a training programme covering a range of areas appropriate to their roles. A staff member had recently commenced in the organisation and the person in charge detailed the training program that they would be completing as part of their induction. To mitigate any risks in relation to this, the person in charge ensured that the new staff member only completed shifts with regular staff and were only assigned tasks that they were competent to complete.

Regulation 14: Persons in charge

This was a full-time post. The centre was managed by a suitably skilled, qualified and experienced person in charge.

Judgment: Compliant

Regulation 15: Staffing

There were enough staff with the right skills qualification and experience to meet

the assessed needs of the residents. There was an actual and planned rota in place.

Judgment: Compliant

Regulation 16: Training and staff development

The education and training available to staff enabled them to provide care that reflects up-to-date, evidence-based practice.

Judgment: Compliant

Regulation 23: Governance and management

Management systems were in place to ensure the service provided was safe and appropriate to residents needs. However, the systems in place for oversight and monitoring of the service were inadequate.

Judgment: Substantially compliant

Quality and safety

Overall, the inspector found that the provider and person in charge were striving to ensure that the quality of the service provided for residents was person centred and suitable for the assessed needs of the residents. A neuro-rehabilitation approach was used with each of the residents in lines with the centres ethos, aims and objectives, to help promote the residents gain independent skills, social skills and learn new coping skills. Residents spoken with expressed that they were happy with the care and support that was available to them. Staff were knowledgeable about residents needs and preferences. Residents engaged in meaningful activities that were in line with their relevant goals such as community engagement, employment, and cooking courses to promote independence. The aim of the service was to support individuals to become more independent through maximising the persons abilities and potential. Recently a resident had transitioned out of the service and there was plans for another resident to also complete this process in the coming months. These residents would be living independently in line with their assessed needs and wishes. However, improvements were required across a number of regulations to ensure that the service could maintain and continue to deliver a quality based service.

The centre consisted of two adjoining semi-detached houses in Co. Dublin. The

inspector completed a walk-through of both homes and found that many areas in the home required paintwork and or maintenance. The inspector observed areas of the house which were not maintained to an appropriate standard, with marking and chipping on paintwork on walls, ceilings and door frames, kitchen presses stained and marked, mould in bathrooms ceilings and shower curtains, mould on seals in the kitchen, rusted accessibility railings in bathrooms, rusted radiators in bathrooms and broken mirrors in bathrooms. Some areas of the home were unclean with dust and cobwebs accumulating. The back garden was very overgrown in parts. The cumulative effect of the lack of maintenance impacted on the homely feel of the premises. The person in charge had demonstrated that some of the maintenance work had been recently been requested, specifically in relation to painting of some of the rooms and in relation to the mould in the bathroom. However, the condition of the premises was not a recent event and works to maintain it were not occurring as frequently or timely as they should have.

Residents were protected by safeguarding arrangements. The person in charge, team leader, and members of staff demonstrated sufficient knowledge around safeguarding measures. Residents were assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Accessible information on safeguarding was displayed. Discussions with residents around safeguarding was documented as a response to certain incidents and accidents. A number of alleged safeguarding incidents had been investigated appropriately and referred and reported to the relevant agencies as appropriate. However, a review of incidents and accidents found that one incident between residents had been responded to, but it had not been identified as a safeguarding issue. Therefore it had not been managed through the relevant safeguarding procedures.

Residents were also being protected from risk in the centre. However, the oversight and review process in relation to risk assessment and management required improvements. A sample of individual risk assessments had been reviewed. On review it was found that the risk ratings in place were not proportional to the current level of risk. Also risk assessments were in place for risks that were no longer current. Some risk assessments also contained risk control measures that were no longer in place. Again, the oversight in relation to the documentation review of risk required improvements. There was a document in place to indicate these assessments were being reviewed on a regular basis, however the above gaps had not been identified.

In terms of fire precautions the provider had put in a number of measures to ensure the safety of the residents and staff. There was adequate means of escape with emergency lighting provided. There was a procedure for the safe evacuation of residents and staff in the event of a fire which was prominently displayed. On a walk through in the second home a fire door in a high risk area failed to close adequately. An immediate action was issued in relation to this fire door and assurance were provided that this door was repaired by the end of inspection. Also although fire drills were being completed at regular intervals, they were not always reflective of possible scenario's, for example evacuating the building with the least amount of staff present with the maximum number of residents. Due to the arrangement in

terms of sleepover staff for one of the homes it was essential that this was completed, as this person would have to leave the building they were sleeping in and enter the building to where the residents were residing.

Staff were providing support to residents to pursue their individual goals based on consultation with residents and assessment of their support needs. The Mayo Portland Adaptability Inventory, 4th edition (MPAI-4) was used to assess the residents needs and goals under three main categories; abilities, adjustment and participation. Each of these categories evaluated different health, social and independent skills that the resident required. An annual 'Individual Rehabilitation Plan' was prepared with the input of the resident, their support network, family members, key worker, management team, and multidisciplinary team. Quarterly reviews of these plans were completed by the multidisciplinary team to review progress made in each area. The goals in the plans were meaningful for residents. Residents had access to keyworkers to help them plan and achieve their goals.

Residents were provided with opportunities to participate in activities in accordance with their interests, capacities and individual goals. The registered provider was actively encouraging the residents to participate in life long learning and education providing the residents opportunities to attend different courses. Residents were facilitated to make the best possible use of their potential capacities in order for them to achieve their goals which included reintegration into employment, or other aspects of community life. Residents were actively supported and encouraged to connect with family and other people who were important to the resident. Daily notes reviewed indicated that family involvement in the residents life occurred frequently.

Positive behaviour support had been provided when required. Allied health professionals were actively involved in supporting the residents. A sample of residents' positive behaviour support plans had been reviewed. Proactive and reactive strategies were described in detail. A function based approach was used to determine why certain behaviours were occurring. The plans were reviewed on a regular basis and updated when there was a change in need. However, two environmental restrictions were identified by the inspector. As these had not been recognised as restrictions they had not been applied in line with national policy and evidence based practice.

Appropriate healthcare was provided to each resident in the centre. Healthcare needs were met by allied professionals within the community. Where required healthcare plans were in place to address specific needs and they were found to be sufficiently detailed to guide staff practice. Residents who are eligible, by means of gender, age or condition, are made aware and supported to access, if they so wish, the National Screening process and there was relevant documentation in relation to residents attending these appointments.

Regulation 13: General welfare and development

Residents were provided with opportunities to participate in activities in accordance with their interests, capacities and individual goals. Residents were provided with supports to develop and maintain personal relationships and links with the wider community.

Judgment: Compliant

Regulation 17: Premises

Some parts of the centre were not clean. The homes were not kept in a good state of repair. The outside area required maintenance. Below is an overview of areas that required maintenance;

- Paint work was marked and chipped in most areas of the houses.
- Kitchen press doors were marked and stained.
- There was mould around one of the seals in the kitchen.
- Bathroom accessibility equipment was rusted.
- Radiators in bathrooms were rusted.
- A bathroom ceiling was covered in mould.
- Shower curtains were marked or covered in mould.
- Bathroom mirrors were chipped and rusted.

Judgment: Not compliant

Regulation 26: Risk management procedures

Arrangements were in place for identifying, recording, investigating and learning from serious and adverse incidents involving residents. However, arrangement for the oversight of risk management assessments required significant improvement.

Judgment: Substantially compliant

Regulation 28: Fire precautions

There was adequate means of escape, including emergency lighting. However, a fire door in a high risk area failed to close effectively on the day of inspection. Fire

drills were not reflective of possible fire scenarios.

Judgment: Not compliant

Regulation 5: Individual assessment and personal plan

A multidisciplinary review of the plan which involved assessing the effectiveness of the plan and takes into account changes in circumstances and new developments was completed on a frequent basis.

Judgment: Compliant

Regulation 6: Health care

Appropriate healthcare was made available for each resident, having regard to the residents' personal plan. There was evidence to demonstrate that residents were supported to make decisions regarding National Screening services and facilitated to attend if they wished.

Judgment: Compliant

Regulation 7: Positive behavioural support

Appropriate supports were in place for residents that require plans in relation to positive behaviour support. However, two restrictive practices had been identified by the inspector that had not been reviewed or applied in line with evidence-based practice and national policy.

Judgment: Substantially compliant

Regulation 8: Protection

Residents were protected by safeguarding arrangements. Staff were knowledgeable about their responsibilities. However, there had been one incident between residents that met the description of a safeguarding concern in the policy but the follow up actions did not fully comply with the requirements of the policy.

Judgment: Substantially 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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Quality and safety	
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 28: Fire precautions	Not compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Substantially compliant
Regulation 8: Protection	Substantially compliant

Compliance Plan for Adelaide Road OSV-0001527

Inspection ID: MON-0024719

Date of inspection: 04/09/2019

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The reporting form for the unannounced visits and procedures for auditing will be reviewed at the Quality and Standards meeting scheduled on 24th October. Amendments to existing auditing reporting forms and processes will be made following this review, specifically in relation to identification of restrictive practices, risk management and building maintenance.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Paint work was marked and chipped in most areas of the houses</p> <ul style="list-style-type: none"> - Quotes for paint works currently sourced with paint work to be completed by 30/11/19 <p>Kitchen press doors were marked and stained.</p> <ul style="list-style-type: none"> • Kitchen presses will be repainted with wipeable paint. • Paint work to be completed by 30/11/19 <p>There was mould around one of the seals in the kitchen</p> <ul style="list-style-type: none"> - Mould treatment applied. - Seal will be replaced with painting works by 30/11/19 <p>Bathroom accessibility equipment was rusted. Radiators in bathrooms were rusted.</p> <ul style="list-style-type: none"> - New handrails installed 	

- Radiators will be painted by 30/11/19

Bathroom ceiling was covered in mould

- Extractor fan has been connected with bathroom light switch
- Mould treated and cleared
- Mould protection paint to be applied with painting works by 30/11/19

Shower curtains were marked or covered in mould.

- Shower curtains with mould have been replaced

Bathroom mirrors were chipped and rusted

- Bathroom mirror will be replaced in advance of painting commencing 30/11/19

Regulation 26: Risk management procedures	Substantially Compliant
---	-------------------------

Outline how you are going to come into compliance with Regulation 26: Risk management procedures:

All resident's risk assessments have been reviewed by the Local Service Manager. Risk ratings have been reduced where required. Risks have been discontinued where no longer presenting. The local service manager has discussed expectations for quarterly risk assessment reviews, to include review of risk ratings and discontinuation of risks no longer applicable, with all staff. The local service manager will complete an audit of all risk assessments quarterly.

Regulation 28: Fire precautions	Not Compliant
---------------------------------	---------------

Outline how you are going to come into compliance with Regulation 28: Fire precautions:

A fire door in a high risk area failed to close effectively on the day of inspection:

- Fire door closer assessed by Apex Fire, new closer required.
- Closer replaced by Masterfire 26/09/19

Fire drills were not reflective of possible fire scenarios.

- Fire drill completed on 21/09/19, night time drill with only 3 staff members assisting in the drill.
- Fire Drill recording form updated to note number of staff who were present and assisted in the evacuation and to note staff who were present but did not assist in the evacuation. This will ensure our fire drills and drill records evidence use of least amount of staff with most amount of residents.

Regulation 7: Positive behavioural support	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Positive behavioural support:</p> <ul style="list-style-type: none"> - 2 practices deemed as restrictive removed: - Cleaning products which had been stored in locked bathroom have been moved to the medication store room. The bathroom is no longer locked. - Risk assessment of the door bell reviewed, risk deemed to be reduced. Door bell remains deactivated and no longer in use. 	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <p>The incident stated in the report was discussed with the safeguarding team and no further action was required in relation to this incident.</p> <p>All incidents between residents will be discussed with the safeguarding team by the Local Service Manager. A record of the discussion with safeguarding team will be documented on the organisation's internal incident reporting form. All required reporting processes to be followed.</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 17(1)(b)	The registered provider shall ensure the premises of the designated centre are of sound construction and kept in a good state of repair externally and internally.	Not Compliant	Orange	30/11/2019
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Not Compliant	Orange	30/11/2019
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Substantially Compliant	Yellow	24/10/2019

Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	11/10/2019
Regulation 28(3)(a)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Not Compliant	Orange	11/10/2019
Regulation 28(4)(b)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that staff and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	11/10/2019
Regulation 07(4)	The registered provider shall ensure that, where restrictive procedures including physical, chemical or environmental restraint are used, such procedures are applied in accordance with	Substantially Compliant	Yellow	11/10/2019

	national policy and evidence based practice.			
Regulation 08(3)	The person in charge shall initiate and put in place an Investigation in relation to any incident, allegation or suspicion of abuse and take appropriate action where a resident is harmed or suffers abuse.	Substantially Compliant	Yellow	11/10/2019