



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

Name of designated centre:	2 Racecourt Manor
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Sligo
Type of inspection:	Unannounced
Date of inspection:	21 January 2019
Centre ID:	OSV-0001518
Fieldwork ID:	MON-0025460

## About the designated centre

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

The service is a four bedded house developed to provide individualised, community-based supports. The service is designed to maximise the quality of life of each person living with an Acquired Brain Injury (ABI), while fostering autonomy, personal growth and development. The service provides cognitive rehabilitation to four residents, male or female aged 18-65 with an acquired brain injury, at any one time. Each person has their own room with personal privacy ensured. The service is staffed on a 24 Hour, 5 days a week basis by a team of suitably trained staff, which includes the person in charge, team leader, rehabilitative assistants and support staff. Transport is provided to access local amenities. such as shops, restaurants, and pharmacists. The house is comfortably furnished, has gardens to the front and rear of the building, and meets the needs of residents.

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

Number of residents on the date of inspection:	4
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## How we inspect

To prepare for this inspection the inspector or 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
21 January 2019	10:45hrs to 14:50hrs	Catherine Glynn	Lead

## Views of people who use the service

The inspector met one resident during the inspection. The resident, who spoke with the inspector, told them that they liked living at the centre and were supported by staff to do the activities in the local community and achieve their goals. Throughout the inspection, the inspector observed that the resident appeared relaxed and comfortable at the centre and with all support provided by staff.

## Capacity and capability

Overall, the inspector found that the centre had continued to provide good governance and leadership arrangements in the centre. This meant that the quality of the service for residents was being kept under regular review and action was being taken to ensure a good quality service was being provided. This in turn resulted in positive outcomes for residents.

The centre had a clearly defined management structure, which incorporated a suitably qualified and experienced person in charge, and 1 team leader who monitored and managed the daily care and support needs of the residents. The person in charge was actively involved in the day-to-day governance of the centre. The inspector found that all actions required from the previous inspection had been completed.

Staffing arrangements at the centre ensured that residents' needs continued to be met in-line with their assessed needs. This meant that residents were able to regularly enjoy activities of their choice, both at the centre and in the local community, and work towards achieving their personal goals such as increased independent living skills.

The person in charge ensured that residents were supported by a qualified and knowledgeable staff team. Staff knowledge was kept up-to-date through regular access to training opportunities on both residents' assessed needs and current developments in health and social care practices. In addition, staff attended regular team meetings and were supported with their individual professional development through one-to-one formal supervision arrangements.

The provider demonstrated the ability to self identify and address areas which required improvement. The provider ensured that the quality of residents' care and support was subject to ongoing review through a range of regular management audits on all aspects of the centre's operations. The provider ensured that day-to-day internal checks were carried out by staff as well as unannounced visits by a

person nominated by the provider. Where audits and visits identified areas for improvement, these were addressed in a responsive manner and reflected both staff knowledge and observed practices at the centre. The provider also conducted an annual review into the quality of the care and support provided, which included consultation with both residents and their representatives about their experiences at the centre.

#### Regulation 14: Persons in charge

The person in charge was full-time, suitably qualified and experienced. The person in charge was actively involved in the management of the centre and ensured that care and support provided meet residents' assessed needs as well as regulatory requirements

Judgment: Compliant

#### Regulation 15: Staffing

The provider had ensured that appropriate staffing arrangements were in place to meet residents' assessed needs in a timely manner and support them to participate in activities of their choice

Judgment: Compliant

#### Regulation 16: Training and staff development

Staff had access to regular training opportunities which ensured they were equipped with the appropriate skills and knowledge to support residents' needs and that care and support practices, in the centre, were in-line with current health and social care developments.

Judgment: Compliant

#### Regulation 19: Directory of residents

The directory of residents contained the required information relating to residents who lived, or received respite services, in the centre.

Judgment: Compliant

### Regulation 21: Records

The provider's recruitment arrangements ensured that staff personnel records contained all information required by the regulations such as Garda vetting disclosures and references.

Judgment: Compliant

### Regulation 23: Governance and management

Good governance, management and oversight arrangements ensured that all practices at the centre were subject to regular monitoring to ensure their effectiveness and of a good quality. Management arrangements ensured that appropriate resources were available at the centre to support residents with their assessed needs, kept them safe from harm and supported residents to achieve their personal goals.

Judgment: Compliant

### Regulation 3: Statement of purpose

The provider ensured that the centre's statement of purpose was subject to regular review, reflected the services and facilities provided and contained all information required under the regulations.

Judgment: Compliant

### Regulation 31: Notification of incidents

There was a clearly documented register of all accidents and incidents that had occurred in the centre. Any events that required notification, including quarterly returns, had been submitted to the Chief Inspector as required.

Judgment: Compliant

### Regulation 32: Notification of periods when the person in charge is absent

A procedure was in place for the absence of the person in charge. This person was actively involved in the day to day operations of the centre.

Judgment: Compliant

### Regulation 34: Complaints procedure

The provider had suitable arrangements in place for the management of complaints in the centre.

Judgment: Compliant

## Quality and safety

Residents received a good quality of care in-line with their assessed needs at the centre. Practices at the centre ensured that residents were safe from harm, but also supported residents; dependent on their abilities, to undertake positive risk-taking in their daily lives. Throughout the inspection the provider; and the staff working in the centre, consistently demonstrated the commitment to improving the residents' quality of life and experiences in the centre.

Residents participated in a range of activities both at the centre and in the local community which reflected their personal choices and assessed needs. Residents were supported to attend a range of services in the local area during the week, which they enjoyed. Where residents required a more bespoke day programme this was provided by the centre's staff team and directed by their interests, assessed needs and personal goals. Arrangements were also in place to support residents to increase and maintain their independent living skills through positive risk taking.

Personal planning arrangements for residents were comprehensive in nature and clearly guided staff on how to support residents with their assessed needs. Residents' personal plans were regularly updated, when their needs changed, which ensured consistency in the delivery of this support. Staff were knowledgeable on all aspects of supports required by residents. Residents understood and participated in choosing the support they would receive at the centre, through key aspects of their personal plan such as setting personal goals.

The provider had ensured that residents were protected from harm at the centre,

with arrangements in place to effectively manage an emergency such as an outbreak of fire. Appropriate and well-maintained fire equipment was installed at the centre and regular fire drills were carried out to assess the effectiveness of the centre's fire safety arrangements. Regular drills also ensured that both residents and staff understood the actions to be taken in the event of an evacuation, which was further reinforced by regular fire safety training for staff.

The inspector found that residents were supported to be involved in making decisions about the running of the centre. Residents participated in regular house meetings where they decided the weekly menu for the centre and planned their social activities. The provider also ensured that information for residents on their rights - including, how to make a complaint and access to advocacy services, was available in an accessible format.

### Regulation 10: Communication

The provider had ensured that assessments were completed and reviewed as required. Staff were aware and familiar with required interventions and ensured that residents were supported as specified in their personal plan.

Judgment: Compliant

### Regulation 13: General welfare and development

The inspector found that resident's personal objectives were delivered. On an individualised basis residents had access to a broad range of meaningful activities and community engagement; this was evident from records reviewed. Residents were supported to maintain and develop personal relationships with peers, family and the wider community.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the centre was generally suitable for its stated purpose and met residents' individual and collective needs. The centre was suitably furnished and decorated throughout.

Judgment: Compliant

<b>Regulation 20: Information for residents</b>
Residents and their representatives were made aware of the services and facilities provided through access to the centre's resident's guide.
Judgment: Compliant
<b>Regulation 26: Risk management procedures</b>
Risk management arrangements ensured that risks were being actively identified, monitored, subject to regular review and reflected staff practices and knowledge.
Judgment: Compliant
<b>Regulation 28: Fire precautions</b>
The provider had ensured that effective measures were in place to protect residents and staff from the risk of fire. These included up-to-date servicing of fire safety equipment, internal fire safety checks by staff, fire safety training for all staff, completion of fire evacuation drills involving residents and staff and individualised emergency evacuation plans for all residents
Judgment: Compliant
<b>Regulation 6: Health care</b>
The health needs of residents were assessed and they had good access to a range of healthcare services, such as general practitioners, healthcare professionals and consultants. Plans of care for good health had been developed for residents based on each person's assessed needs.
Judgment: Compliant
<b>Regulation 7: Positive behavioural support</b>

The provider had a positive approach to the support and management of behaviour that challenges. Behaviour support plans had been developed (when required) with input from behaviour support specialist and psychologist. These plans were being implemented effectively and the occurrences of incidents had reduced considerably. All staff had attended training in relation to the management of behaviour that challenges.

Judgment: Compliant

### Regulation 8: Protection

The provider had appropriate arrangements in place to safeguard residents. The management team were very clear about what constituted abuse and demonstrated proactive measures that had been taken in response to a suspicion of abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider had ensured that the rights of residents was supported though the implementation of the supports provided in the centre.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 32: Notification of periods when the person in charge is absent	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication	Compliant
Regulation 13: General welfare and development	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Positive behavioural support	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant