



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

Name of designated centre:	Rochestown Avenue
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	06 February 2018
Centre ID:	OSV-0001526
Fieldwork ID:	MON-0020785

## 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 five adults with acquired brain injuries. The centre is comprised of a large semi-detached house and adjoining self-contained apartment in a South County Dublin suburban area. In the main house there is an entrance hallway with a stairwell to the first floor and a main bathroom. Also found on the ground floor are a large sitting and living room, a spacious dining room with kitchen, and an exit to a decked area in a spacious rear garden. This area also houses an external laundry room. The first floor of the building contains four resident bedrooms (all with en suite facilities) and two staff sleep over and office spaces (both with en suite facilities). On the ground floor, adjacent to the main building, is a separate apartment which contains a bedroom, bathroom, modest sized kitchen area, and a living room. The person in charge works part-time at this centre and is supported in their role by a full-time team leader, and by a staff team of rehabilitative assistants. The whole time equivalent of rehabilitative assistants is 7.0, and of the team leader and person in charge is 1.5. A service transport vehicle is provided to assist residents attend social activities and to facilitate the development of networks with the wider community.

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

Current registration end date:	28/06/2018
Number of residents on the date of inspection:	5

## 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
06 February 2018	09:00hrs to 17:10hrs	Thomas Hogan	Lead

## Views of people who use the service

The inspector met with all five of the residents who were availing of the services of the designated centre and throughout different times during the day observed elements of their daily lives. Residents' views were also taken from the questionnaire and feedback forms of which two were completed and returned to the inspector.

Residents told the inspector that they were very satisfied with the service being delivered. In general, they said that the care and support in the centre was excellent. They told the inspector that staff helped them to achieve their goals. All residents stated that they felt safe, would know what to do if they were unhappy about any matter, and felt that they could speak to a key worker, the team leader, or the person in charge about concerns at any time.

## Capacity and capability

The inspector found that the provider was ensuring that the service was well managed to ensure that a consistent and good quality of service was being delivered to residents. There was evidence of a person centred, resident led service being delivered in the designated centre. In addition, the inspector found that there was an inclusive and supportive approach to rehabilitation with a focus on achieving high standards in the area of deliverance of care and support to individuals availing of services.

The provider had ensured that there were accountable management and oversight arrangements. The person in charge was overseeing the delivery of the service and was found to be knowledgeable and to have appropriate qualifications. The team leader who was based in the centre worked across a variety of shifts to ensure staff were provided with appropriate supervision and support.

The provider and person in charge ensured that there were adequate staff working in the centre to support residents to implement their personal plans. The staff had the appropriate knowledge and skills to fulfill this role.

There was a planned training programme for all staff which ensured that they had the knowledge and skills to meet the support needs of residents, as set out in the statement of purpose. While some staff had not yet completed this training programme, prior to the inspection the person in charge had already scheduled the remaining modules for completion by those staff.

The provider's recruitment processes had ensured that staff were suitable for working in the centre, and the provider had obtained all of the information required by the regulations for each staff member to demonstrate this.

The provider was monitoring the delivery of support in the centre and could demonstrate that the information from the annual review of standards, the six monthly provider unannounced visit and their own auditing was being used to promote on going quality improvements in the centre. In addition, the team leader and person in charge had action plans in place to address areas which required improvement.

In addition, the person in charge had used the action plan from the previous inspection to improve compliance levels in the centre and to make improvements to the quality of service delivered to residents.

### Regulation 15: Staffing

The number, skill mix and qualifications of staff members on duty in the designated centre was found to be appropriate to the number and assessed needs of residents, statement of purpose, and the size and layout of the centre.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had a planned programme of training for staff. While all staff had not fully completed this training, the person in charge had scheduled the remaining modules for those staff.

Judgment: Substantially compliant

### Regulation 22: Insurance

The inspector found that the registered provider had a contract of insurance in place which included injury to residents in the form of public liability cover.

Judgment: Compliant

## Regulation 23: Governance and management

The governance systems in place ensured that service delivery was safe and effective through the on-going audit and monitoring of its performance resulting in a comprehensive quality assurance system. An annual review of the quality and safety of care and support in the designated centre was completed along with unannounced visits by persons on behalf of the registered provider on a six monthly basis.

Judgment: Compliant

## Regulation 3: Statement of purpose

The provider had a statement of purpose which gave an accurate description of the centre and the service being provided to residents, and which met the requirements of the regulations.

Judgment: Compliant

## Quality and safety

The inspector found that the residents were happy in the centre and were satisfied with the quality of the service. The inspector found that while there were a small number of improvements required, in general, the provider was delivering a safe service to residents and supporting residents to have a good quality of life.

Residents were supported and encouraged to set out their goals and to discuss how they would be achieved. These discussions were informed by a range of assessments and each resident had an annual rehabilitation plan. The plan was reviewed with a multi-disciplinary team on a quarterly basis. The plans guided staff on how to appropriately support residents to achieve their goals. The planning process was valued by all stakeholders including the resident, their support network, family members, key worker, management team, and multidisciplinary team.

The inspector found that residents were supported on an individual basis to achieve and enjoy the best possible health. Residents' health care needs were found to be met through timely access to health care services and appropriate treatment and therapies. Health care support plans were found to be in place for all identified health care needs and these plans were completed to a high standard and appropriately guided staff members on how to support residents. There was access to an allied health care team through internal and community based services.

Evidence was available in the designated centre to demonstrate that residents were actively encouraged to take responsibility for their own health and medical needs.

The provider and person in charge were taking initiatives to manage risk to residents through their medication management procedures. Arrangements had been made for the input of a pharmacist in the designated centre. There was evidence available of a recently completed audit by a local pharmacist who supported residents and the staff team with medication management. A review of medication storage facilities found that all medication stored in the centre was within listed expiry dates. A review of a sample of medication administration records found that all prescribed medication had been appropriately administered. The inspector found, however, that PRN medication (medication only taken as the need arises) prescribed did not have clearly stated the maximum doses that could be administered.

Residents were protected by the safeguarding arrangements in the centre. The person in charge, team leader, and members of staff demonstrated sufficient knowledge of the types of abuse, actions to take in the event of witnessing or suspecting abuse, and could identify the designated safeguarding officer in place for the centre. Residents spoken with by the inspector stated that they felt safe and knew how to report any concerns they might have. A review of records of incidents and accidents which had occurred in the centre since the time of the last inspection found that one incident met the definitions of abuse as outlined in the *Safeguarding Vulnerable Persons at Risk of Abuse National Policy and Procedures (HSE, 2014)* document. Appropriate follow up was found not to have taken place in response to this incident.

The fire precautions in the centre also protected residents from risk. There was evidence of regular servicing of the fire alarm. The inspector observed a full evacuation of the centre which occurred as a result of the fire alarm activating during the inspection. All present in the centre evacuated to the designated assembly point in an organised, safe manner and acceptable time. Records which were maintained relating to completed fire drills were found to demonstrate that five drills were completed in a six month period and involved both day and night time scenarios. Individualised personal emergency evacuation plans were in place for all residents along with a centre evacuation plan which outlined alternative accommodation in the event of an emergency.

## Regulation 17: Premises

The inspector found that the design and layout of the designated centre was appropriate to meet the objectives of the service and the number and needs of residents. In addition, the premises was noted to be kept in a good state of repair externally and internally.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

The inspector found that effective systems were in place with regards to medication management to ensure the protection of residents. One area of improvement was identified which related to maximum doses to be administered for PRN medications (medication only taken as the need arises) not being clearly stated.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and personal plan

Residents were supported to achieve a good quality of life through personal plans based on their goals and assessed support needs. These plans were reviewed regularly, kept up to date and guided staff in the provision of support to residents.

Judgment: Compliant

### Regulation 6: Health care

Residents were supported to live a healthy lifestyle and the health care needs of residents were found to be met in a timely manner.

Judgment: Compliant

### Regulation 8: Protection

Residents were protected by the safeguarding arrangements, and staff were knowledgeable about how to protect residents from the risk of abuse. However, one incident which had been responded to, had not been managed fully in compliance with the safeguarding arrangements.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

There were active fire precautions being implemented which protected residents from risk.

Judgment: Compliant

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially 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 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 28: Fire precautions	Compliant

# Compliance Plan for Rochestown Avenue OSV-0001526

Inspection ID: MON-0020785

Date of inspection: 06/02/2018

## 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 16: Training and staff development	Substantially Compliant
Outline how you are going to come into compliance with Regulation 16: Training and staff development:	
<ol style="list-style-type: none"> <li>1. Training gaps identified and relevant training scheduled with training manager- 30<sup>th</sup> May 2018</li> </ol>	
Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:	
<ol style="list-style-type: none"> <li>1. Devise template in compliance with regulation to ensure all PRN details are evidenced- February 28<sup>th</sup> 2018</li> <li>2. Arrange meeting with Area Manager in Stacks pharmacy to include discussion regarding PRN protocols- 26<sup>th</sup> March 2018</li> <li>3. All PRN protocols for 5 residents completed- 3<sup>rd</sup> April 2018</li> </ol>	
Regulation 8: Protection	Substantially Compliant
Outline how you are going to come into compliance with Regulation 8: Protection:	
<ol style="list-style-type: none"> <li>1. Safeguarding policy and process to be reviewed by PIC- 28<sup>th</sup> February 2018</li> <li>2. In- house training on safeguarding with particular attention to the review of the referred to incident by inspector to be held with PIC and PPIM and entire staff team- March 26<sup>th</sup></li> <li>3. Review and share learning with other PICs in ABI Ireland services- April 25<sup>th</sup> 2018</li> </ol>	

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## 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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.	Substantially Compliant	Yellow	30 May 2018
Regulation 29(4)(b)	The person in charge shall ensure that the designated centre has appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine which is prescribed is administered as prescribed to the resident for whom	Substantially Compliant	Yellow	12/4/18

	it is prescribed and to no other resident.			
Regulation 08(2)	The registered provider shall protect residents from all forms of abuse.	Substantially Compliant	Yellow	25 <sup>th</sup> April 2018