

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

Issued by the Chief Inspector

Name of designated centre:	Rochestown Avenue
Name of provider:	Peter Bradley Foundation CLG
Address of centre:	Co. Dublin
Type of inspection:	Announced
Date of inspection:	17 January 2024 and 18 January 2024
Centre ID:	OSV-0001526
Fieldwork ID:	MON-0033581

About the designated centre

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

Rochestown Avenue is a designated centre operated by Peter Bradley Foundation CLG. The designated centre provides 24 hour residential care to five adults with acquired brain injuries. Residents are gradually supported by the (neuro-rehabilitation) team to regain skills, adapt to the environment and learn new ways to cope with day to day life. 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 a 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 develop networks with the wider community.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	3
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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	14:00hrs to 16:30hrs	Karen McLaughlin	Lead
Thursday 18 January 2024	10:30hrs to 17:00hrs	Karen McLaughlin	Lead

What residents told us and what inspectors observed

This inspection was scheduled to inform decision making in respect of the provider's application to renew the centre's certificate of registration. This report outlines the findings of an announced inspection of designated centre, Rochestown Avenue. 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 located in South County Dublin, with an own door self contained apartment attached. The centre had the capacity for a maximum of five residents. At the time of the inspection there were three residents living in the centre.

On arrival to the designated centre, the inspector was greeted by a staff member, who introduced themselves and informed the person in charge. The inspector also met and spoke with two staff members on duty and the centre's team leader 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. Staff were observed to interact warmly with residents. The inspector saw that staff were responsive to residents' requests and assisted residents in a respectful manner. For example, one resident asked for something hot for dinner and the staff member supported this request by making her a vegetarian chilli in line with the residents dietary preference.

All residents were aware of the inspection visit and were supported to meet with and talk to the inspector. The inspector met with two residents present on the day of inspection and discussed what they like to do in the evening. The other resident was watching television and after a brief chat gave the inspector permission to have a look around her bedroom. She declined the offer to show the inspector around. Both residents said they were happy living in the centre and had no complaints.

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 she is friends with the 'people who live here' and 'I am happy living here anyway'. Another commented that the house 'is a very comfortable place to live'.

The person in charge accompanied the inspector on an observational walk around of the house. Overall, the inspector was found to be clean, bright, homely, nicely furnished, and laid out to the needs of residents living there.

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.

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. Residents avail of community and social supports in their locality. One resident was attending college and for the most part all residents travel independently. One resident was away on holiday on the day of inspection.

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 and therefore, demonstrated that they had the capacity and capability to provide a good quality service. 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. They reported to a service manager and were supported by a team leader and team of neuro-rehabilitation assistants.

A review of the roster demonstrated that staffing levels and skill mix were appropriate to meet the assessed needs of the residents. 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.

There were arrangements in place to monitor staff training needs and to ensure that adequate training levels were maintained. Staff received training in key areas such as safeguarding adults, fire safety and infection control. Refresher training was available as required.

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.

The registered provider had also prepared a written statement of purpose for the centre. The statement of purpose was available in the centre and had been recently updated. The statement of purpose contained the information required by Schedule 1.

The provider had effected a contract of insurance against injury to residents and had submitted a copy of their insurance policy to support the application for renewal of the centre's certificate of registration.

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 was submitted, there were several changes required to the statement of purpose and to the floor plans to ensure that these were in line with the guidance as set out by the Chief Inspector.

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.

The inspector found that the person in charge had the appropriate qualifications and skills and sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives. The person in charge was familiar with the residents' needs and was striving to ensure that they were met in practice

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.

Team meetings were taking place regularly and they demonstrated reflective practice and shared learning among the staff team. Furthermore an effective handover system was in place to ensure consistency of care.

Judgment: Compliant

Regulation 16: Training and staff development

Staff working in the centre had access to training as part of their continuous professional development and to support them in the delivery of effective care and support to residents living in the centre.

There was a training matrix in place that supported the person in charge to monitor, review and address the training needs of staff.

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 had effected a contract of insurance against injury to residents and had submitted a copy of this to the Chief Inspector with their application to renew the registration of the designated centre.

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 provider was adequately resourced to deliver a residential service in line with the written statement of purpose. For example, there was sufficient staff available to meet the needs of residents, adequate premises, facilities and supplies and residents had access to a vehicle for transport as well as the use of public transport.

A review of staff meetings showed regular discussions on safeguarding, training,

general housekeeping, medication, maintenance and health and safety issues, including fire safety.

Judgment: Compliant

Regulation 3: Statement of purpose

A statement of purpose was submitted by the provider along with their application to renew the centre's certificate of registration. The inspector reviewed the statement of purpose prior to the inspection and noted that there were several omissions and areas that required further detail and clarification. These amendments were made by the provider prior to the inspection of the centre.

A copy was readily available to the inspector on the day of inspection.

The statement of purpose was reviewed on inspection and was found to meet the requirements of the Regulations and Schedule 1 and clearly set out the services provided in the centre and the governance and staffing arrangements.

Judgment: Compliant

Quality and safety

This section of the report details the quality and safety of service for the residents who lived in the designated centre.

The inspector found that the person in charge and staff were endeavouring to ensure that residents' well-being and welfare was maintained by a good standard of evidence-based care and support. It was evident that the person in charge and staff were aware of residents' needs and knowledgeable in the person-centred care practices required to meet those needs.

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. Residents were observed engaging in activities such as going out locally for coffee, attending college, going on holidays and receiving visitors to their home. One resident told the inspector how she likes to watch programmes on a television streaming channel in the evenings with staff and discuss the programmes after.

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 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.

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.

There was adequate private and communal spaces and each resident had their own bedroom which were nicely decorated and personalised to reflect their preferences.

However, some parts of the premises were under still under renovation on the day of the inspection, namely a bathroom awaiting a new floor and shower door. The floor in the kitchen was considerably marked and a quote had been sourced regarding its replacement.

There was a lack of suitable storage of bed linen and personal belongings and boxes containing these items were placed up against a wall in the sitting room. The person in charge advised the inspector that storage units had been ordered and were due to arrive in the coming weeks.

These issues had been already been identified prior to the inspection through the provider's own audits and notified to the provider's maintenance department, and had been prioritised on the provider's wait list.

Judgment: Substantially compliant

Regulation 26: Risk management procedures

The provider had ensured that the risk management policy met the requirements as set out in the regulations. There were systems in place to manage and mitigate risks and keep residents and staff members safe in the centre.

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.

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

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

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.

The inspector found that there was a system in place for assessing residents' needs and for ensuring that plans were in place to meet those assessed needs. On a review of residents' files, the inspector saw that care plans were up to date and were written in a person-centred manner. Staff spoken with were knowledgeable regarding residents' assessed needs and were observed providing support that was in line with residents' care plans.

Furthermore, a review of a sample of residents' files demonstrated that residents had access to a wide range of medical and multidisciplinary supports as required.

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
Capacity and capability	
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
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management procedures	Compliant
Regulation 5: Individual assessment and personal plan	Compliant

Compliance Plan for Rochestown Avenue OSV-0001526

Inspection ID: MON-0033581

Date of inspection: 17/01/2024 and 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: The statement of purpose and the floor plans for the designated centre will be reviewed to ensure that these are inline with the guidance as set out by the Chief inspector.</p> <p>Timescale: 30.05.24</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ol style="list-style-type: none"> 1. The bathroom will have a new shower door and flooring fitted in the resident's bedroom prior to the resident transitioning into the service. 2. Customised storage unit will be fitted to the sitting room for storage boxes. 3. New Flooring will be fitted to the kitchen area. <p>1. Timescale: 30.05.24 2. Timescale: 30.05.24 3. Timescale: 30.07.24</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
Registration Regulation 5(1)	A person seeking to register a designated centre, including a person carrying on the business of a designated centre in accordance with section 69 of the Act, shall make an application for its registration to the chief inspector in the form determined by the chief inspector and shall include the information set out in Schedule 1.	Substantially Compliant	Yellow	30/05/2024
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.	Substantially Compliant	Yellow	30/07/2024