



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

## Issued by the Chief Inspector

|                            |   |
|----------------------------|---|
| Name of designated centre: | Rushbrook - Community Residential Service |
| Name of provider:          | Avista CLG                                |
| Address of centre:         | Dublin 15                                 |
| Type of inspection:        | Unannounced                               |
| Date of inspection:        | 15 February 2024                          |
| Centre ID:                 | OSV-0003088                               |
| Fieldwork ID:              | MON-0037894                               |

## About the designated centre

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

Rushbrook is a community residential home for up to three adults with an intellectual disability with low support needs. The aim of the centre is to support the residents to be independent and to be full participants in their local community in accordance with their retirement plans. The house is located in a village in North West Dublin and is close to a variety of local amenities such as hairdressers, beauticians, pharmacy, shops, pubs, churches and parks. Residents have access to a kitchen where they can prepare meals a dining room and a sitting room. There is one double and three single bedrooms in the house. All residents have their own bedrooms and another single room is used by staff as an office and sleepover room. Residents also have access to a secure garden space. The staff team comprises of a person in charge and social care workers.

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

|  |   |
|--|---|
| Number of residents on the date of inspection: | 2 |
|--|---|

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

| Date                         | Times of Inspection     | Inspector   | Role |
|------------------------------|-------------------------|-------------|------|
| Thursday 15<br>February 2024 | 10:00hrs to<br>16:15hrs | Erin Clarke | Lead |

## What residents told us and what inspectors observed

This unannounced inspection was carried out as part of the centre's regulatory monitoring. The inspector used observations, conversations with residents and staff, and a review of documentation to form judgments on the quality and safety of the care and support provided to residents in the centre. The inspector found that residents were happy living in the centre, and appropriate arrangements were in place to ensure that they were being supported in line with their assessed needs and personal preferences so that they could enjoy a good quality of life. The inspector also followed up on the actions from the last inspection conducted in this centre in March 2022 and found that the provider had completed the majority of the actions as laid out in their submitted compliance plan.

The centre consisted of a four-bedroom detached house in West Co. Dublin. The property is centrally located in a community with access to local amenities, services and public transport and residents' autonomy to engage and connect with the community was supported. The house had a galley-style kitchen leading into a combined dining and office room. There was a separate sitting room located through double doors from the dining area. The communal aspects of the centre displayed photographs of both past and present residents, their family members and attending events such as weddings and milestone birthday parties. The general upkeep of the house was well maintained, and furniture had been newly purchased since the previous inspection. However, the premises required attention, particularly to the insulation and the ventilation of the property. This is discussed under Section 2 of this report.

The inspector had the opportunity to spend time with one resident living in the centre and briefly meet a second resident as they arrived home from day services. Residents appeared relaxed in their home and comfortable in the company of staff members. The staff team knew the residents well and was seen supporting them in line with their assessed needs. For example, residents valued their independence, and staff were observed respecting this throughout the inspection when residents engaged in their activities. Also, residents and staff had raised concerns regarding the accessibility of the property, which prevented one resident from independently entering and exiting the house. This issue had been resolved for the resident, as discussed further in the report. However, improvements were required in the management of complaints to ensure residents were afforded the opportunity to ensure their complaints were acknowledged and managed by management with the knowledge and skills to effectively manage complaints as stated in the purpose of the provider's complaint policy.

Residents had their own bedrooms, and one bedroom was used for the staff sleepover shift. A vacancy had occurred in the centre in December 2023, and a resident was in the process of moving into the centre. On review of the supporting documentation and speaking with the person in charge, the inspector found that the resident had been supported with an appropriate transition plan. The resident who

lived in another community house operated by the provider had initiated the transition themselves when a vacancy had presented in the house. The resident had lived in the house before and moved a few years previously when shared bedrooms were in operation. They relocated to a different property since they preferred having their own bedroom. They continued to be good friends with one resident and regularly visited the centre to stay connected with their friend. For example, the resident spent Christmas Day celebrations in the centre and attended Bingo every Monday with residents from the house. The resident, as part of their transition to the centre, had stayed in the centre for a sleepover. The inspector was informed that such was the excitement of living with their friend again, both residents stayed up until midnight chatting.

Staff discussed with the inspector how residents valued their independence and how they liked to come and go from the centre by themselves. The person in charge identified that for the resident who was due to move back into the centre after three years living in another centre, this was a skill they had not been practising for some time and would be an area the resident was interested in working towards. The service understood that positive risk-taking was central to good practice and that it was a necessary part of a resident's growth.

It was noted that some of the staff who were supporting the residents had known and had been supporting the residents for some time. This helped promote continuity of staff support for the residents, and during the inspection, it was observed and overheard that staff members present were attentive, caring and warm as they supported the residents. For example, staff praised the appearance of the residents and were heard letting residents know what was happening for the inspection and plans for the day.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

The provider had effective governance arrangements in place to create a culture of suitable care and support in a safe environment where residents' rights are respected. This has resulted in creating an appropriate balance between promoting each resident's right to autonomy and maintaining their safety. Under the capacity and capability regulations, improvement was noted in regulation 34: Complaints.

This designated centre was last inspected on behalf of the Chief Inspector of Social Services (the Chief Inspector) in March 2022. The inspection was completed to monitor the provider's implementation of the compliance plan submitted following that inspection and to assess other areas of regulatory compliance. Overall, the inspector found improved levels of compliance since the previous inspection,

particularly regarding staffing arrangements, the governance and management of the centre, and staff training and development.

At the time of the previous inspection, there was significant non-compliance with the regulations regarding staffing arrangements and staff continuity. A review of staffing arrangements found that of the three whole-time equivalent (WTE) posts in the centre, there were two WTE vacancies. This resulted in a high number of relief and agency staff being used to fill the needed shifts and increased complaints from residents. The inspector found this had now been addressed, and there was a full cohort of staff employed in the centre.

There were systems for the training and development of the staff team. The inspector reviewed a sample of staff training records and found that, for the most part, the staff team were up-to-date in mandatory training.

There had been changes to the management arrangements in the centre since the last inspection in March 2022. The person named as the person participating in the management of the centre (PPIM) is the person holding senior operational management decision-making responsibilities. The PPIM must ensure that the centre delivers a safe, quality service on behalf of the registered provider. A change in the PPIM occurred in October 2023, and the inspector was informed of further changes to the wider PPIM structure within the organisation to strengthen the support and oversight for the persons in charge. The person in charge said they received good support from their PPIM through regular communication via telephone and formalised meetings. This facilitated the PPIM with the oversight of the centre and ability to respond to and address any areas of service improvement.

The complaints policy, last reviewed on 23 May 2022, identified the designated complaints officer and the processes to follow for escalation and resolution. The inspector found that improvements were required in the centre to ensure complaints were managed in line with the aforementioned policy.

The provider had completed an annual review and twice per year unannounced visits to the centre, as required by the regulations. The most recent annual review covered the time period from March 2022 to August 2023 and involved consultation with residents and their representatives, as is required by the regulations.

## Regulation 14: Persons in charge

The person in charge was a qualified social care professional who had the necessary management training and experience as required under the regulations. They demonstrated an excellent knowledge of the residents' needs in the centre and provided good leadership to their staff team.

It was clear from speaking to the person in charge, that they were promoting a human-rights based approach to residents' care and support.

Judgment: Compliant

### Regulation 15: Staffing

The staffing arrangements in this centre were maintained to a good standard. Residents benefited from a consistent staff team, and the provider demonstrated that the staff team knew the residents well.

There were no staff vacancies at the time of the inspection. A planned and actual staff roster was maintained in the centre. A review of a sample of rosters and discussions with the person in charge demonstrated that improvements had been made to the consistency of staff working in the centre since the previous inspection. As a result, the complaints made by residents in this area were closed. Staff leave was covered by regular relief and agency staff to ensure that residents received continuity of care and support.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had a programme of mandatory and supplementary training in place, which assisted in ensuring that staff members could meet the assessed needs of the residents.

The person in charge maintained a training matrix that highlighted mandatory training that was completed, such as safeguarding and protection training, fire safety training, safe administration of medicine, and human rights training. Any gaps in training had been identified, and dates for training had been booked. Details of the required training had been discussed with the staff members during a team meeting held a few days prior to the inspection.

The person in charge provided informal support and formal supervision to staff, who could also use an on-call nursing support service outside of normal working hours.

Judgment: Compliant

### Regulation 23: Governance and management

The centre was resourced to ensure the effective delivery of care and support in accordance with the statement of purpose. The management structure ensured clear lines of authority and accountability. Management presence in the centre



provided all staff with opportunities for management supervision and support. Arrangements in place, such as staff team and one-to-one support and supervision meetings, facilitated staff to raise any concerns they may have about the quality and safety of the care and support provided in the centre.

Unannounced visits to monitor the safety and quality of care and support provided in the centre had been completed, as this regulation requires. There was evidence that where issues had been identified, actions were completed or were in progress to address these matters.

Management systems were in place to ensure that the service provided was safe, consistent, and appropriate to residents' needs. Since the March 2022 inspection, the levels of compliance had improved.

Judgment: Compliant

### Regulation 24: Admissions and contract for the provision of services

There was a new admission underway to the centre at the time of the inspection. The inspector found the transition process was being planned in a way to meet the needs of the new admission and to also consider the needs of the residents currently living in the designated centre.

The admission criteria to the centre takes into account the services outlined in the statement of purpose and the residents living in the centre. As a result, admission processes uphold the rights of residents. Residents living in the centre are consulted with and informed of new admissions, with due regard to the rights of the prospective resident.

There is a clearly planned approach to admissions, including appropriate consultation and assessments and opportunities for the prospective resident to visit the centre before moving in.

Judgment: Compliant

### Regulation 31: Notification of incidents

In advance of this inspection, the inspector reviewed notifications that had been submitted to the Chief Inspector regarding this designated centre since the last inspection. The inspector was satisfied from reviewing incident reports and other records in the centre that the person in charge had notified all incidents as required under the regulations.

Judgment: Compliant

### Regulation 34: Complaints procedure

One resident raised a complaint about a non-permanent member of staff and the manner in which they were spoken to in September 2022. As per the complaints policy, if a complaint cannot be adequately responded to locally and informally within two working days, or the complainant is dissatisfied with the response to their complaint, the complaint will be referred to the designated complaints officer for consideration under Stage two of the complaints process.

In line with the reporting structures in the centre, the person in charge escalated the complaint with their line manager at the time. However, there was no documentary evidence that the complaint had been reviewed by the designated complaints officer. Furthermore, the inspector had concerns regarding the appropriateness of the response to the complaint, as it was recommended that the resident sit down and discuss the matter with the staff member involved. The resident had refused this course of action as they did not feel "comfortable" doing so. As a result, the process of the complaint policy had been compromised, and it had not been indicated that the complainant was satisfied with the outcome.

The resident made a second complaint of the same nature during the provider's six-month announced visit to the centre four months later. The inspector could see that the provider's representative took immediate action, and the complaint was closed three weeks later to the satisfaction of the resident.

Judgment: Not compliant

### Quality and safety

Residents were provided with a good quality of care and support, up to and including end-of-life care where required. This centre focused on person-centred care, and it was clear that the service was designed and delivered in a manner that suited the residents' individual needs. The house was found to be homely, welcoming, and clean. However, as stated earlier in the report, attention was required to the ventilation and insulation within the centre. Attention was also required to the provision of emergency lighting in the centre.

The inspector noted that the centre was cold at times during the inspection, and the person in charge had the heat on multiple times during the day. When discussing the matter further, the inspector learned that staff and residents had raised similar concerns when reading documentation in the centre. The inspector saw that the person in charge and staff had taken measures to address this issue. The sitting

room had several blankets for residents' use, and a staff member brought a portable heater into the centre that was placed in a former fireplace. More significantly, there were areas of black mould behind kitchen units in the kitchen, which had been escalated by the person in charge of maintenance five weeks previously.

A mobility lift had been installed the previous week at the front door to the centre. The inspector was informed that the few steps leading up to the door were difficult for one resident with a mobility aid to navigate independently. The resident had complained about the access to the house being limiting to them as they relied on a staff member to assist them. This complaint had been opened since 2022. However, during that time, many design, procurement, and logistics meetings and decisions had to be made, resulting in delays. The resident was observed during the inspection using the lift to enter the house without staff support and was reported to be happy with the final outcome.

At the last inspection of the centre, two areas were identified as requiring improvements in relation to fire safety. The inspector reviewed documentation in the fire safety folder from the organisation's competent fire safety person addressing these concerns. The inspector was satisfied with the fire containment response, considering the protection of the downstairs fire evacuation route. However, the inspector found that further review of the emergency lighting in the centre was required due to more recent published guidance since the documented response.

Each resident had a personal plan, which had been developed into an easy-to-read version. The inspector observed a sample of these records and found that residents' needs were assessed, monitored and reviewed on a regular basis. Care plans were also in place to support residents in achieving the best possible health, and these were reviewed regularly.

## Regulation 12: Personal possessions

Residents were well supported in having their own personal possessions, with their own rooms decorated to their individual tastes. Residents' personal mementos were displayed throughout their home which presented as individual to those who lived there.

Residents had their own bank accounts, which promoted their rights, and there were safeguards in place for financial transactions were necessary.

The provider had a clear policy and processes in place to ensure residents did not pay or contribute towards staff or centre expenses. The inspector found the balance between following policy and respecting residents' explicit statements when they wished to purchase an item outside of organisational policy as measured. For example, a present for staff at Christmas or items for the house that could be used communally. The inspector found the rights and independence of residents were respected in this area, and available financial safeguards did not restrict residents'

free will.

Judgment: Compliant

### Regulation 13: General welfare and development

Residents were very active members of their community and preferred to be out and about in their local shopping centres, cafes and beauticians without staff support. Residents enjoyed a busy retirement schedule. The activities that residents enjoyed included going to bingo, a knitting club, a retirement social group and a gym. One resident was supported in volunteering within the wider organisation in line with their goals and expressed wishes. The resident engaged with residents with dementia through visual aids such as photographs, supporting them in reminiscing on past memories.

Judgment: Compliant

### Regulation 17: Premises

The design and layout of the house ensure that each resident can enjoy living in an accessible, safe, comfortable and homely environment where their individual rights and privacy are respected. Modifications had been made to improve the accessibility of the property to all residents. Further accessibility improvements were identified by the provider in relation to the exit doors to the back garden. At the time of the inspection, there was no time-bound plan in place for these works. However, the inspector was satisfied that residents could access their garden by another route in the interim.

Under Schedule 6 of the regulations, improvements were needed to ensure that appropriate ventilation and heating were provided in all areas of the centre.

Judgment: Substantially compliant

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

There were arrangements to ensure that where a resident was temporarily absent from the designated centre for medical purposes, the hospital was supplied with relevant information about the resident. In addition, the inspector found the resident received continued care and support from the registered provider and staff during their stay in the hospital. This included advocating for the resident, allied health

professional reviews, and one-to-one support from the staff team.

Judgment: Compliant

### Regulation 28: Fire precautions

The staff team were completing regular fire checks and the provider ensured that a service schedule was in place for the centre's emergency lighting, fire alarm and fire extinguishers. The staff team were conducting planned fire drills, and a review of associated reports indicated that residents responded positively and evacuated the centre in a prompt manner.

As was found in the last inspection, improvement was identified in the emergency lighting in the centre. The provider was requested to review the emergency lighting to ensure effective emergency was provided inside and outside the premises to direct everyone to final exits and external assembly points.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents appeared to have a good quality of life in this centre, and their wellbeing and health were being monitored and reviewed by a team of staff who knew the needs of the residents very well.

Each resident had healthcare-related plans in place to inform and guide practice, and the person in charge was found to be knowledgeable about the assessed needs of the residents. For example, they spoke to the inspector about a specific guide in place regarding a resident's dietary needs.

Residents who are eligible by gender, age, or condition are made aware of and supported to access preventative and national screening services if they so wish.

Judgment: Compliant

### Regulation 8: Protection

If required, the person in charge and the provider had carried out investigations into safeguarding concerns. Residents had been provided with information regarding maintaining their safety, and the staff team had been supplied with training concerning safeguarding residents and the prevention, detection and response to

abuse. At the time of the inspection, there were no safeguarding concerns.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents rights were very well promoted and maintained in this centre. The provider ensured that this centre was operated in a manner that respected residents' abilities, age and preferences. Residents had free access to all areas of their home. There were no restrictive practices, and it was clear that the centre had a welcoming atmosphere, and the residents considered it their home.

Staff were mindful of residents' preferences and wishes and ensured these were considered in all aspects of their care. As discussed above, an example of how residents' rights were respected was through the individual application of the financial policy to ensure it did not place restrictive practices on those who had the capacity to make their own choices.

Judgment: Compliant

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

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 (as amended) and the regulations considered on this inspection were:

| Regulation Title  | Judgment                |
|---|-------------------------|
| <b>Capacity and capability</b>  |                         |
| Regulation 14: Persons in charge  | Compliant               |
| Regulation 15: Staffing   | Compliant               |
| Regulation 16: Training and staff development                           | Compliant               |
| Regulation 23: Governance and management                                | Compliant               |
| Regulation 24: Admissions and contract for the provision of services    | Compliant               |
| Regulation 31: Notification of incidents                                | Compliant               |
| Regulation 34: Complaints procedure                                     | Not compliant           |
| <b>Quality and safety</b>   |                         |
| Regulation 12: Personal possessions                                     | Compliant               |
| Regulation 13: General welfare and development                          | Compliant               |
| Regulation 17: Premises   | Substantially compliant |
| Regulation 25: Temporary absence, transition and discharge of residents | Compliant               |
| Regulation 28: Fire precautions   | Substantially compliant |
| Regulation 6: Health care   | Compliant               |
| Regulation 8: Protection  | Compliant               |
| Regulation 9: Residents' rights   | Compliant               |

# Compliance Plan for Rushbrook - Community Residential Service OSV-0003088

Inspection ID: MON-0037894

Date of inspection: 15/02/2024

## 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                |
|---|-------------------------|
| Regulation 34: Complaints procedure   | Not Compliant           |
| <p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into complaint, outcome of a complaint, any action taken on foot of a complaint and whether the resident was happy with the outcome as per Avista complaints and compliments policy 003. A feedback form has been introduced to ensure the complainant is aware of the outcome of the complaint.</p> |                         |
| Regulation 17: Premises   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The registered provider will ensure that appropriate ventilation and heating are provided in all areas of the Centre. The registered Provider has completed a damp survey and is working with Maralic housing to complete work required.</p>  |                         |
| Regulation 28: Fire precautions   | Substantially Compliant |
| <p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>The registered provider will review the emergency lighting to ensure effective emergency is provided inside and outside the premises to direct everyone to final exits and external assembly points.</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).

| <b>Regulation</b>   | <b>Regulatory requirement</b>   | <b>Judgment</b>         | <b>Risk rating</b> | <b>Date to be complied with</b> |
|---------------------|---|-------------------------|--------------------|---------------------------------|
| Regulation 17(7)    | The registered provider shall make provision for the matters set out in Schedule 6.   | Substantially Compliant | Yellow             | 30/08/2024                      |
| Regulation 28(2)(c) | The registered provider shall provide adequate means of escape, including emergency lighting.   | Substantially Compliant | Yellow             | 04/05/2024                      |
| Regulation 34(2)(f) | The registered provider shall ensure that the nominated person maintains a record of all complaints including details of any investigation into a complaint, outcome of a complaint, any action taken on foot of a complaint and whether or not the resident was satisfied. | Not Compliant           | Orange             | 04/04/2024                      |