



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

Issued by the Chief Inspector

Name of designated centre:	No 11 Ard Na Greine
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Cork
Type of inspection:	Short Notice Announced
Date of inspection:	25 November 2022
Centre ID:	OSV-0001522
Fieldwork ID:	MON-0037959

About the designated centre

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

No 11 Ard Na Greine consists of a detached dormer bungalow located in a small town. This designated centre provides a residential neuro-rehabilitation service for five residents with an acquired brain injury. Both male and females over the age of 18 can avail of the centre. Each resident in the centre has their own bedroom and other rooms in the centre include bathrooms, a kitchen/dining area, a sitting room and staff rooms. Residents are supported by the person in charge, a team leader and rehabilitation assistants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

0

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
Friday 25 November 2022	10:00hrs to 12:00hrs	Conor Dennehy	Lead

What residents told us and what inspectors observed

As no residents were present during this inspection, the inspector did not have an opportunity to get their views nor observe any interactions between residents and staff.

This designated centre was registered for a maximum of five residents but at the time of this inspection the five residents who previously lived in this centre had been absent since April 2022. All five had temporarily moved elsewhere to facilitate premises works for this centre with four of these residents having moved to other centres operated by the same provider. The remaining fifth resident had gone to their family home for the duration of the works. While it was initially the intention for all five residents to return to this centre upon completion of the works, it was indicated during this inspection that only four of the residents would return.

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

While premises works had progressed since the previous inspection by the Health Information and Quality Authority (HIQA) and a number of substantive works had been completed, premises works remained ongoing at the time of this inspection.

Between February 2015 and April 2021 HIQA conducted six inspections of this centre with all six highlighting concerns regarding the premises provided for residents to live in. Particular concerns were raised around the accessibility of the premises for residents with mobility needs along with limited communal space. Owing to these concerns the centre's registration was most recently renewed until July 2024 with a restrictive condition requiring the provider to complete a plan of specific premises works submitted by the provider by 11 February 2022. The provider had not commenced the works on this centre and since that date the centre had been the subject of significant regulatory engagement from HIQA including the issuing of a warning letter in February 2022. This highlighted that if the provider did not come into compliance regarding the premises, the registration of the centre may be cancelled.

Premises works subsequently commenced in April 2022 with June 2022 indicated as a completion date. However, subsequent communication from the provider suggested the works would not be completed until September 2022. Given the

regulatory history of the centre, HIQA decided to conduct a focused inspections in August 2022 to assess progress with the previously planned premises works for this centre. That inspection found that premises works had begun having been delayed by unexpected events which required additional resources. During the August 2022 inspection it was indicated there was some uncertainty as to whether sufficient resources were available to ensure that all the areas as outlined in the specific plan of works for this centre would be completed. In response to this inspection the provider indicated that premises works for the centre, in line with the restrictive condition, would be completed in November 2022 with the provider also outlining an intention to move to a new premises during 2024.

Subsequent communication received from the provider indicated a completion of date of 18 November 2022 so HIQA decided to conduct another inspection after this date to review the completed works. This inspection was announced in advance but after this announcement it was subsequently indicated by the provider that some works remained ongoing. When visiting the centre for this inspection it was noted that a number of substantive works had been completed which improved the overall accessibility of the premises as discussed elsewhere. While this a positive development it was noted that some aspects of the specific plan of works for this centre had not completed. For example, it was indicated that an external cabin would not be completed and that this was due to resourcing issues. As such the dedicated communal area of the premises was largely the same as had been found on multiple previous HIQA inspections.

The inspector was informed though that when works were completed, one of the five residents who had lived in the centre until April 2022 would not return to the centre and that their vacant bedroom would be used for communal purposes for other residents. However, it was also suggested that the provider intended to keep the maximum capacity of the centre for five residents. Were works on this external cabin not be completed, this meant that the plan which formed the basis of the centre's restrictive condition would not be completed in full and if five residents were to reside in this centre, it would be highly likely that their communal space in the centre would be limited. Following completion of this inspection it was subsequently indicated by the person in charge that an external cabin would be installed with January 2023 suggested as a time frame for this. Irrespective of this issue though, given that premises works completed had resulted in changes of the floor plans for the centre, the provider was required to successfully apply to vary the centre's conditions of registration to reflect such changes before residents could return the centre.

The August 2022 inspection had highlighted though that the provider had not been submitting in required notifications to the Chief inspector in a timely manner. This included not notifying the Chief Inspector of changes in the management of the centre. Since then the provider had appointed a new person in charge which had been notified appropriately to the Chief Inspector. This new person in charge was met during this inspection and was found to have the necessary qualifications, skills and knowledge to fulfil the role. However, based on information provided during this inspection and taking into account the extension engagement with the provider for the centre throughout 2022, the inspector was not assured that all changes in

management of this centre had been notified as required at the time of this inspection. Following completion of this inspection it was subsequently suggested that a new person participating in management would be notified for the centre.

Registration Regulation 7: Changes to information supplied for registration purposes

Similar to the findings of the August 2022 inspection, the provider had not notified the Chief Inspector of all changes in the management of this centre at the time of the current inspection.

Judgment: Not compliant

Regulation 14: Persons in charge

A suitable person in charge had been appointed who was responsible for his centre only and worked full-time. From discussions with the person in charge they had the necessary qualifications, skills and experience to fulfil the role.

Judgment: Compliant

Regulation 23: Governance and management

While substantive premises works had been completed they remained ongoing at the time of inspection while not all elements of the specific plans of works for the centre had been completed at the time of this inspection with resourcing highlighted as an issue for this.

Judgment: Not compliant

Regulation 3: Statement of purpose

A statement of purpose was in place that had been recently reviewed and contained much of the required information but it was noted that the organisational and reporting structures outlined in this did not reflect the structures that were indicated to the inspector.

Judgment: Substantially compliant

Quality and safety

Some premises works had been progressed had completed which improved the accessibility of the centre overall. Other works were ongoing and required completion.

As highlighted earlier in this report, multiple HIQA inspections since 2015 had raised concerns around the suitability of the premises provided for residents to live in, particularly regarding the accessibility of the premises for residents with mobility needs and the limited communal space available. A specific plan for works for the centre, which formed the basis of a restrictive condition, was intended to address such concerns with the August 2022 inspection of this centre highlighting that works to improve the premises provided in this centre were ongoing but that some aspects of these works had not commenced or been completed. As such the current inspection was primarily focused on assessing how such works had progressed since then and overall, it was found that works had progressed which resulted in some substantive works being completed.

Such works had improved the accessibility of the centre and included internal doorways that had been widened, some kitchen fixtures that had been changed to make accessible for wheelchair users, a new unsuited bathroom had that been added to the centre and new ramps to the front and rear of the premises which had been installed. These were positive developments while other works had also been completed since the August 2022 inspection to improve the appearance of the works that had been completed. For example, new doors and doorframes had been installed while tiling and sanitary ware had been added to the bathrooms on the ground floor. Further works though were needed in this regard to ensure that the premises was homelike. These included additional painting and plastering which were ongoing at the time of this inspection.

It was noted though that some aspects of the works highlighted in the specific plan of works had not or did not appear to have been carried out as suggested. In addition to the external cabin as referenced earlier, these included replacing the front door set and providing structural steel for the provision of a future hoist. In addition, the plan of works also suggested that five specific windows would be installed on the first floor of the centre. From the inspector's observations it appeared that only four new windows had been installed on the first floor while one of these windows appeared to be of a different type than was initially suggested. During the inspection it was indicated to the inspector that an issue had arisen around the location of one new window which would require it to be moved. The inspector was informed that works to address this would be completed the week after this inspection.

Regulation 17: Premises

While premises works had progressed since the August 2022 inspection and resulted in some substantive works being done, these works had yet to be completed. Some aspects of the works highlighted in the specific plan of premises works for the centre, which was intended to ensure that premises was suited to the needs of the residents living there, had not been carried out as suggested. These included installing an external cabin, widening the front door set, providing structural steel for the provision of a future hoist and installing certain windows. Some painting and plastering was also required to be completed.

Judgment: Not 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 7: Changes to information supplied for registration purposes	Not compliant
Regulation 14: Persons in charge	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 3: Statement of purpose	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant

Compliance Plan for No 11 Ard Na Greine OSV-0001522

Inspection ID: MON-0037959

Date of inspection: 25/11/2022

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.

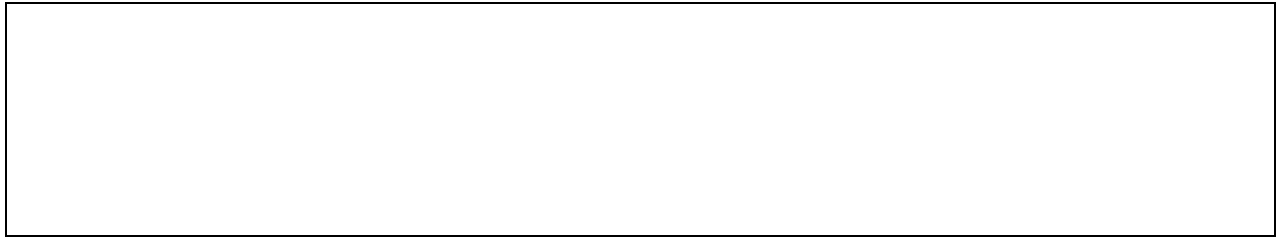
Section 1

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 7: Changes to information supplied for registration purposes	Not Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 7: Changes to information supplied for registration purposes: All required NF’s have been submitted and this is reflected in the updated statement of purpose.</p> <p>A new interim PPIM will be registered to cover until the National Services Manager returns from maternity leave , this person will have the required level of authority.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Since the last inspection all additional works have been carried out and an additional communal space has been ordered and will be supplied and fitted in January 2023, this will be an external cabin and will allow additional rehab space, family private space and quiet area for the use of service users. An additional member of staff has been employed by the provider to give specialized oversight to all projects requiring building works. A new interim PPIM will be registered to cover until the National Services Manager returns from maternity leave , this person will have the required level of authority.</p>	

Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>An updated Statement of Purpose will be submitted which will include the correct organisational and reporting structures.</p>	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>Confirmation received from architect that structural steel is in place for future provision of a ceiling hoist and that the front door meets regulations for accessibility; there is an accessible entrance at the rear of the property (these are compliant with the relevant building regulations). The physical environment in the designated centre has been reconfigured, Accessibility has been greatly improved by widening each doorway on the ground floor, all internal doors have upgraded to comply with accessibility fire and regulation. In the kitchen there has been a wheelchair accessible workspace added along with an added pantry area. All kitchen cupboards have been upgraded; all lighting has been changed. There have been new ramps put in at both the front and rear of the property with grabrails fitted to the rear of the property. The main downstairs bathroom has been altered to a wet room, it has been widened to make it more spacious and comfortable. There has been a full accessible bedroom created to the rear of the property with double door access to the outdoor area, it also has an accessible ensuite wet room. If they are needed, fully supported tracks(compliant with the relevant building regulations) have been fitted to facilitate a ceiling hoist when required. All rooms have been deep cleaned and painted, new beds, mattresses and some furniture will be replaced to upgrade all clients living and communal spaces. Windows in the upstairs of the property (where required) have been changed to facilitate fire evacuation in the case of an emergency(an additional replacement window will be installed in the upstairs bedroom by the end of January 2023). An outdoor cabin has been installed on the 10/1/23 to help the needs of the clients, it can be used as an extra quiet space, a space to spend time with family and a space to work on one-to-one rehabilitation. A new fully accessible vehicle has been bought to enable more group outing and to facilitate social integration within the local community and own further afield communities. We have upgraded some kitchen appliances and furnishings. All changes to empower persons served in all areas of their neuro rehabilitation journey. These changes will increase the level of independence within the centre. The Additional indoor and outdoor space will enhance the living conditions leading to a better quality of life, modern furniture, freshly painted house will be uplifting and vibrant while supplying a clean and fresh environment. The provider has been assured by suitably qualified persons that all works completed meet the required building and fire safety regulations.</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 7(3)	The registered provider shall notify the chief inspector in writing of any change in the identity of any person participating in the management of a designated centre (other than the person in charge of the designated centre) within 28 days of the change and supply full and satisfactory information in regard to the matters set out in Schedule 3 in respect of any new person participating in the management of the designated centre.	Not Compliant	Orange	13/01/2023
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre	Substantially Compliant	Yellow	01/02/2023

	are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.			
Regulation 17(1)(c)	The registered provider shall ensure the premises of the designated centre are clean and suitably decorated.	Substantially Compliant	Yellow	10/01/2023
Regulation 17(6)	The registered provider shall ensure that the designated centre adheres to best practice in achieving and promoting accessibility. He, she, regularly reviews its accessibility with reference to the statement of purpose and carries out any required alterations to the premises of the designated centre to ensure it is accessible to all.	Substantially Compliant	Yellow	10/01/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	10/01/2023
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and	Not Compliant	Orange	10/01/2023

	support in accordance with the statement of purpose.			
Regulation 23(1)(c)	The registered provider shall ensure that management systems are in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.	Not Compliant	Orange	10/01/2023
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose containing the information set out in Schedule 1.	Substantially Compliant	Yellow	10/01/2023