



# 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:	12 August 2022
Centre ID:	OSV-0001522
Fieldwork ID:	MON-0036515

## 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
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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
Friday 12 August 2022	12:00hrs to 12:50hrs	Conor Dennehy	Lead

## What residents told us and what inspectors observed

No resident was present during this inspection but generally positive resident feedback was included in the centre's most recent annual review.

This designated centre was registered for a maximum of five residents but at the time of this inspection no residents were present. The five residents who ordinarily lived in this centre had been absent since April 2022 having temporarily moved elsewhere to facilitate premises works for this centre. Four of these residents had moved to other centres operated by the same provider while the fifth resident had gone to their family home. As such no residents were met during this inspection.

However, the inspector did review feedback that had been submitted by residents as part of the centre's annual review for 2021. For this residents had been explicitly asked their views on key matters relating to the running of the designated centre that impacted their quality of life. Generally positive feedback was received from residents for areas including their meals, food, visitors, staff and their overall care and support staff.

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 were ongoing at the time of this inspection, a longstanding issue relating to the suitability of the premises provided, had not been addressed at the time of this inspection. Improvements were also required regarding the submission of notifications to HIQA.

Six HIQA inspections between February 2015 and April 2021 had highlighted issues around the suitability of the premises provided for residents to live in this centre with particular concerns raised around the accessibility of the premises for residents with mobility needs and limited communal space. This matter had been subject to a provider cautionary meeting in May 2021, following which the provider submitted a plan of works outlining measures to improve accessibility and to increase the overall size of the premises, with such works to be completed by 11 February 2022. Taking into account the regulatory history of this centre, the centre's registration was renewed until July 2024 with a restrictive condition requiring the provider to complete the premises works outlined by 11 February 2022.

However, the outlined works were not completed by this date and as a result HIQA issued the provider with a warning letter in February 2022 advising the provider that if they did not come into compliance regarding the premises, the registration of the centre may be cancelled. In response the provider commenced works in April 2022 with the end of June 2022 indicated as being the completion date. It was subsequently indicated by the provider in July 2022 that premises works may not be completed until the end of September 2022. Taking into account this information and the regulatory history of the centre, HIQA decided to conduct the current inspection to assess progress with the previously planned premises works for this centre.

The inspection found that premises works had begun, and as discussed elsewhere in this report, had been delayed by unexpected events which required additional resources. During this inspection it was indicated there was also 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. As such at the time of this inspection, while it was acknowledged that premises works were ongoing, the provider had yet to provide residents with a premises that was suited to residents' needs while further assurances were needed regarding the resourcing of these works. In addition, during this inspection a copy of the most recent annual review for the centre was reviewed. It was noted that it did not contain any feedback from residents' families and it did not assess if the care and support provided in the centre during 2021 was in accordance with relevant national disability standards. It was also found that improvements were required regarding the submission of particular notifications to HIQA.

When reviewing some documentation on this inspection, reference was made to a particular person participating in the management of the centre but this person had not been formerly notified to HIQA as holding this role. Under the regulations the provider is also required to notify HIQA as soon as it becomes apparent that the person in charge is unexpectedly absent from the centre for 28 days or more. Despite this it was noted that an absence of 28 days for the person in charge had not been notified for 12 days. Regulations also require HIQA to be notified of specific incidents occurring in the centre such as injuries. If none of these specified incidents take place in a six month period this must also be notified to HIQA. At the time of this inspection HIQA had not received notification of any specific incident occurring in the centre in 2022 nor any notification confirming that there had been no incident for the first six months of 2022.

### Registration Regulation 7: Changes to information supplied for registration purposes

A change of the person participating in management for the centre had not been notified to HIQA.

Judgment: Not compliant

## Regulation 23: Governance and management

While premises works were ongoing at the time of this inspection, the provider had yet to provide residents with a premises that was suited to residents' needs in this centre while further assurances were needed regarding the resourcing of these works. Therefore the provider had not yet complied with the restrictive condition attached to this centre and the warning letter issued by HIQA in February 2022 remained in effect. The 2021 annual review completed did not include feedback from residents' families nor assess if the care and support provided in the centre during 2021 was in accordance with relevant national disability standards.

Judgment: Not compliant

## Regulation 31: Notification of incidents

At the time of this inspection HIQA had not received notification of any specific incident occurring in the centre in 2022. Despite this no notification had been submitted by the provider confirming that there had been no such incidents occurring in the centre for the first six months of 2022.

Judgment: Not compliant

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

The unexpected absence of the person in charge from the centre for 28 days or more had not been notified to HIQA as soon as the absence had become apparent.

Judgment: Not compliant

## Quality and safety

Works to improve the premises provided in this centre were ongoing at the time of the inspection but had yet to be completed.

As highlighted earlier in this report, six previous HIQA inspections 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. Following regulatory activities by HIQA in 2021 the provider submitted a plan outlining specific works that were to be completed in this centre to improve the standard of premises by increasing its size and improving its accessibility. On the current inspection it was found that while builders were on-site in the centre and some of these specific works were progressing other works had yet to commence.

Regarding the specific works for the premises that had progressed, it was seen that all doorways on the ground floor had been widened, with the location of the doorway to the kitchen from the hall moved. It was observed that an extension had been built to the rear of the premises which would play a role in increasing the size of one bedroom and improving the standard of bathrooms provided. These were positive developments but these works had not been completed in full at the time of inspection. For example, although the ground floor doorways had been widened, doorframes and doors still need to be installed while tiling and sanitary ware was needed for the bathrooms on the same floor.

Some works outlined in the previously submitted premises plans had yet to commence at the time of this inspection. These included upgrading of the ramps to rear and front entrances, certain changes to the kitchen fixtures to make them more accessible and including a new external cabin to the rear of the centre. The inspector was informed that these works would still be completed. It was also noted that taking into account the works that had been progressed and the works that were to be completed, works were also needed at the time of inspection to ensure that the premises was homelike for the planned return of residents. These included such painting and plastering.

## Regulation 17: Premises

While premises works were ongoing at the time of this inspection, they had yet to be completed. As a result, the premises continued not to be suited to meet the needs of all residents and did not consistently promote accessibility in line with best practice while communal space remained limited.

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
<b>Capacity and capability</b>	
Registration Regulation 7: Changes to information supplied for registration purposes	Not compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 32: Notification of periods when the person in charge is absent	Not compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Not compliant

# Compliance Plan for No 11 Ard Na Greine OSV-0001522

Inspection ID: MON-0036515

Date of inspection: 12/08/2022

## 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:</p> <p>To comply with Registration regulation 7, the registered provider shall provide written notification to the chief inspector of:</p> <ul style="list-style-type: none"> <li>• A change of Person in charge NF30A within 10 calendar days</li> <li>• Absence of the Person in charge for longer than 28 calendar days NF30B one month in advance or in the event of an emergency as soon as it becomes apparent</li> <li>• Return of person in charge after an absence, NF30C, no later than 3 days after said return</li> <li>• Change of person participating in Management, NF31 within 28 calendar days. The registered provider will provide information, as set out in schedule 3, of any new person participating in management of the designated centre within 10 days of appointment.</li> <li>• Change to ownership of a body corporate NF32</li> <li>• Change to information provided for registration purposes NF32-37C</li> </ul>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Current Building Works:</p>	

The Registered provider will continue to work closely with the site project Manager to ensure that the current building works are completed in a timely manner and in compliance with previous plans submitted to the chief inspector. The works will be completed by the end of November 2022

**Funding:**

Approval of additional funds has been granted by the HSE to cover unexpected costs, these additional funds will allow for the completion of works as required to meet the requirements set out in the restrictive condition.

On completion the Designated Centre will meet the current needs of Residents as identified through Occupational Therapy review, completed in May 2021, and will future proof the house regarding changing needs of the current residents as identified by the architect. In line with Acquired Brain Injury Ireland Policy and Regulation any new admission to the designated centre will be subject to a comprehensive assessment, by an appropriate healthcare professional to identify their health, personal and social care needs. After this assessment process it will be identified whether an individual's needs can be met in line with the statement of purpose of the designated centre taking into consideration the available accommodation prior to admission. Admission to the designated centre will be subject to meeting the above requirements.

Communication The PIC via the PPIM will update the CEO on a regular basis in relation to the progress of the works.

**New Build:**

CAS application submitted and in progress.

Stage 2 approval received 2/07/2022

Stage 3 submission is due into the Department by 16/12/2022 (21 weeks) in line with the 75-week timeline for the preparation & assessment of CAS Capital Projects. Decision expected 6 weeks after submission 27/01/2023

Stage 4 Approval of tendered project. Total of 21 weeks. Stage 4 expected 12 weeks after stage 3 approval 21/04/2023, 5 weeks for approval of stage 4 26/05/2023, A further 4 weeks allowed to get on site 23/06/2023.

Once on site, an estimated 13 month build time is provided. Indicative date for completion 27/07/2024.

The Registered providers senior management continue to communicate with Cork County Council and Tuath Housing to ensure that agreed targets are met and progress maintained. Quarterly feedback will be given to the PIC to ensure residents are updated regarding any changes or progress made with the new build project.

Reg 23 (1) (d, e & f) The registered provider will complete an annual review of the quality and safety of care and support in the designated centre. Care and support provided in the Designated centre will be shown to be in accordance with the National

Disability standards. Annual reviews will include consultation and feedback from Residents, their families, and representatives. Resident feedback surveys are completed annually for the purpose of Annual Reviews. Resident comments box in communal area – review and discussed at monthly resident meetings. Compliments and Complaints reviewed when received and documented through monthly Local Service reports.

Regulation 31: Notification of incidents	Not Compliant
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:

The Person in Charge shall notify the Chief Inspector of any adverse incidents, under Regulation 31 (1), occurring in the Designated Centre within 3 working days. In the case of a sudden death the Chief Inspector will be notified of the cause of the death when this has been established.

The Person in charge will notify the Chief Inspector of any incidents, under Regulation 31 (3), occurring in the Designated Centre at the end of every quarter.

Where no incidents which require to be notified under Regulation 31 (1)(2) or (3) have taken place, the Registered Provider will notify the Chief Inspector of this fact on a 6 monthly basis.

Regulation 32: Notification of periods when the person in charge is absent	Not Compliant
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Outline how you are going to come into compliance with Regulation 32: Notification of periods when the person in charge is absent:

In an event where the Person in Charge proposes to be absent from the Designated Centre for a period of 28 days or more, the Registered provider will provide notice in writing to the Chief Inspector, except in cases of an emergency, no later than 1 month prior to the proposed absence. This notice shall identify the length of the proposed absence and the expected dates of departure and return.

Where the Person in Charge is absent from the Designated Centre due to an emergency or unanticipated event, the registered provider shall, as soon as it becomes apparent that the absence will be for a period of 28 days or more, give written notice to the Chief inspector of the absence. This notice will include the length of the absence and the expected dates of return. The chief inspector will be notified of the return of the Person in Charge no later than 3 working days after his or her return.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises:

#### Current Build:

The Registered provider will continue to work closely with the site project Manager to ensure that the current building works are completed in a timely manner and in compliance with previous plans submitted to the chief inspector. The works will be completed by the end of November 2022.

#### Funding:

Approval of additional funds has been granted by the HSE to cover unexpected costs, these additional funds will allow for the completion of works as required to meet the requirements set out in the restrictive condition.

On completion the Designated Centre will meet the current needs of Residents as identified through Occupational Therapy review, completed in May 2021, and will future proof the house regarding changing needs of the current residents as identified by the architect. In line with Acquired Brain Injury Ireland Policy and Regulation any new admission to the designated centre will be subject to a comprehensive assessment, by an appropriate healthcare professional to identify their health, personal and social care needs. After this assessment process it will be identified whether an individual's needs can be met in line with the statement of purpose of the designated centre taking into consideration the available accommodation prior to admission. Admission to the designated centre will be subject to meeting the above requirements.

Communication The PIC via the PPIM will update the CEO on a regular basis in relation to the progress of the works.

#### New Build:

CAS application submitted and in progress.

Stage 2 approval received 2/07/2022

Stage 3 submission is due into the Department by 16/12/2022 (21 weeks) in line with the 75-week timeline for the preparation & assessment of CAS Capital Projects. Decision expected 6 weeks after submission 27/01/2023

Stage 4 Approval of tendered project. Total of 21 weeks. Stage 4 expected 12 weeks after stage 3 approval 21/04/2023, 5 weeks for approval of stage 4 26/05/2023, A further 4 weeks allowed to get on site 23/06/2023.

Once on site, an estimated 13 month build time is provided. Indicative date for completion 27/07/2024.

The Registered providers senior management continue to communicate with Cork County Council and Tuath Housing to ensure that agreed targets are met and progress maintained. Quarterly feedback will be given to the PIC to ensure residents are updated regarding any changes or progress made with the new build project.

## 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	15/9/22
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre	Not Compliant	Orange	1/12/22

	are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.			
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.	Not Compliant	Orange	1/12/22
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Not Compliant	Orange	1/12/22
Regulation 23(1)(a)	The registered provider shall ensure that the designated centre is resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.	Not Compliant	Orange	1/12/22
Regulation 23(1)(c)	The registered provider shall ensure that	Not Compliant	Orange	1/12/22



	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.			
Regulation 23(1)(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.	Substantially Compliant	Yellow	1/12/22
Regulation 23(1)(e)	The registered provider shall ensure that the review referred to in subparagraph (d) shall provide for consultation with residents and their representatives.	Substantially Compliant	Yellow	1/12/22
Regulation 31(4)	Where no incidents which require to be notified under (1), (2) or (3) have taken place, the registered provider shall notify the chief inspector of this fact on a six monthly basis.	Not Compliant	Orange	1/12/22
Regulation 32(3)	Where the person in charge is absent from the designated centre as a result of an emergency or	Not Compliant	Orange	1/12/22

	unanticipated event, the registered provider shall, as soon as it becomes apparent that the absence concerned will be for a period of 28 days or more, give notice in writing to the chief inspector of the absence, including the information referred to in paragraph (2).			
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