



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

Issued by the Chief Inspector

Name of designated centre:	Bray Supported Accommodation
Name of provider:	The Rehab Group
Address of centre:	Wicklow
Type of inspection:	Announced
Date of inspection:	16 June 2023
Centre ID:	OSV-0002642
Fieldwork ID:	MON-0031264

About the designated centre

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

Bray Supported Accommodation is a designated centre operated by RehabCare and located in County Wicklow. The aim of Bray Supported Accommodation is to provide a community-based accommodation service for four adults, both male and female with mild to moderate intellectual disabilities. The aim of the service is to provide a homely, comfortable and safe environment to support each individual's specific needs. The service supports each resident to maximise their independence taking into account their specific needs and abilities. Residents have access to external day services during the day-time. The service provides a social model of care and therefore cannot support the needs of those experiencing complex medical conditions that require significant levels of daily nursing care. The house is a two storey semi-detached property with five bedrooms, two bathrooms and a sleepover room for staff. There is also a kitchen/dining area, office, sitting room, conservatory and an external laundry room. The service is currently staffed 24/7. This includes day-time staff and sleep-over staff. This is a lone-working service which means one staff on shift at anytime. The centre is staffed by a person in charge, team leader, support workers and relief support workers.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	4
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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 16 June 2023	09:30hrs to 16:45hrs	Jacqueline Joynt	Lead

What residents told us and what inspectors observed

This inspection was a registration renewal inspection and it was announced. The provider had applied to renew the registration of the centre for four adults. Previously, the centre had been registered for five residents however, with the changing needs of some of the residents, the provider had applied for a reduction in the number of registered beds in the centre.

Throughout the inspection, the inspector spoke with the person in charge, the team leader, staff members and four of the residents living in the centre. In addition, a review of documentation as well as observations, throughout the course of the inspection, were used to inform a judgment on residents' experience of living in the centre.

In this designated centre, residents were supported through an assisted living and social-care model of care. The inspector found that residents living in this centre were supported to enjoy a good quality life and for the most part, to make choices and decisions about their care. Overall, the provider and management ensured the delivery of safe care whilst balancing the rights of residents to take appropriate risks. The residents in this centre were empowered to live life as independently as they were capable of.

On the day of the inspection the inspector met with all four residents. The inspector observed residents coming and going from the centre to a variety of activities of their choosing in the community. Some residents spoke to the inspector in detail while others greeted the inspector and spoke with them briefly. One resident was happy to show the inspector their bedroom. Other residents, who lived in the house, chose not to show the inspector their bedroom. Two resident had written their choice in a note to the inspector, while others verbalised this wish to their staff members. The inspector respected residents' wishes and choice in this matter and did not enter the specific bedrooms.

Residents who spoke with the inspector expressed their happiness of living in the designated centre. They were happy with their rooms, the care and support provided and the support they received from staff. The inspector observed that residents seemed relaxed and happy in the company of staff and that staff were respectful towards residents through positive, mindful and caring interactions.

The inspector was informed that residents living in the house had lived together for almost 20 years and that there were discussions in place regarding a celebration to commemorate their long friendship. Residents who spoke with the inspector said they were happy with who they were sharing their home with. During 2022, one of the residents passed away. The person in charge talked to the inspector about the sadness and grief experienced by residents and staff during that time. Staff supported residents during their time of grief. An option of external support services had also been explored during this time however, in line with residents' needs and

wishes, this had not yet been availed of. Residents chose to attend the funeral including the months-mind mass that followed. There were plans in place for residents and staff to attend their friend's upcoming yearly remembrance mass. Residents were supported to remember their friend through an array of photographs and pictures hung on the walls throughout their home.

The physical environment of the house was observed to be clean and tidy. There were a number of decorative and structural repair needed. Many of these had been self-identified by the person in charge and a list was compiled and submitted to senior management.

On the day of the inspection, the staff office was observed to be based in the residents' conservatory room. This meant that the conservatory was no longer used as a communal area. There were plans in place to relocate the office to an upstairs room. On the day of the inspection, the inspector observed the plan to be at the very early stages of progress, with new flooring laid the day before.

Apart from the conservatory area, the inspector observed the house to have a homely feel. The communal sitting room included an array of certificates on display of different academic achievements by the residents as well as attendance of different courses over the years. In addition, there was a wide selection of framed photographs displayed on the walls which included residents, their families and friends.

Each resident was provided with their own bedroom. Where a resident showed the inspector their room, the inspector observed that the room had been decorated to the personal taste and wishes of the resident. The room contained family photographs, a television alongside the resident's favourite DVDs and a variety of memorabilia that was of interest and important to the resident. The resident pointed out a new sink unit that had recently been installed in their room. Overall, the resident was happy with the layout and décor of the room which they said they had been consulted in. The resident told the inspector that they cleaned and tidied the room themselves and did not require the support of staff in this area. The inspector observed that there was some upkeep needed to the room including to some of the soft furnishings within the room. For example, there was some mould observed on the window frame, there were small holes in the walls where nails had been removed and the carpet was worn and stained in areas.

Residents took responsibility for general cleaning in the house, including their bedrooms. Some of residents told the inspector that they preferred to clean their own room without the help of staff. While residents were empowered to be independent with household chores overall, a review of the cleaning systems place, for residents who were reluctant to have staff support them clean their rooms, was needed. This was to ensure that where areas had not been cleaned adequately or frequently enough, that there were systems in place to monitor and address them.

There was a front and back garden. The back garden provided a sheltered seating area and a separate building used as a store and laundry room. The inspector observed that the grounds and garden at the back of the designated centre were

not adequately maintained. There were weeds growing between the patio slabs outside the conservatory. While the weeds had been sprayed, they were still in place. The garden beds were overgrown and unkempt. There was a separate laundry and storage building in the back garden area. The inspector observed the room's flooring and walls required upkeep and painting in areas.

Residents were encouraged and supported around active decision making and social inclusion. Residents participated in weekly residents' meetings where household tasks, community activities, complaints procedures and other matters were discussed and decisions being made.

Residents were encouraged and supported to retain their skills and independence in managing their money and personal budgets, taking responsibility for their medicine and decisions about their care and support. Residents were supported through regular assessments to ensure any areas of learning or additional support were identified, in order to promote their ability and independence.

In advance of the inspection, each resident was provided with a Health Information and Quality Authority (HIQA) questionnaire. Three completed surveys were returned to the inspector. The inspector saw that, where appropriate, staff members supported residents to complete the questionnaires. The inspector found that overall, the feedback within the survey was positive.

The questionnaires noted that, residents were supported to make their own choices and decisions. Residents were positive regarding their day-to-day routines and ticked that they were happy with the amount of choice and control they had in their daily life. Residents were happy with the arrangement for visitors and noted that staff welcomed their visitors. Residents were very positive about staff support and in particular, the questionnaires noted that residents knew their staff and relayed that staff knew their likes and dislikes.

Questionnaires also noted that residents felt listened to. Residents were happy with their relationships with other residents living in the house. Residents fed back that they knew who to go to if they were unhappy or had a problem.

Resident were provided with contracts of care which laid out the service provided to them and included fees related to the service. On review of the document, the inspector found that the rationale for some of the fees charged was not clear and overall, did not demonstrate adequate consultation or agreement regarding the fees. This is discussed further in the quality and support section of the report.

In summary, the inspector found that each resident's well-being and welfare was maintained to a good standard and that there was a strong and visible person-centred culture within the designated centre.

Overall, the systems in place in the centre endeavoured to ensure that residents were in receipt of good quality care and support and that their independence was promoted. However, to ensure a better lived experience for residents, a number of improvements were required to the decorative repair and layout of some rooms in the centre and in particular, the timeliness of addressing these. Some of the

premises issues were impacting on the centre's infection, prevention and control measures in place and some, as well as resource issues, were impacting the promotion of residents' rights.

The next two sections of the report presents 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 to each resident living in the centre.

Capacity and capability

In December 2022, HIQA received unsolicited information about the centre regarding some of the arrangements in place for managing utility bills. In response, HIQA issued the provider with a provider assurance report, requesting information and assurances with regards to how they were addressing the matter. The provider's response provided satisfactory assurances. However, on the day of the inspection, while the provider had progressed the actions as set out in the response, a satisfactory outcome including a clear rationale, had not yet been fully achieved.

The registered provider and person in charge were striving to ensure that the residents living in the designated centre were in receipt of a good quality and safe service. Overall, the inspector found that the care and support provided to the residents was person-centred and promoted an inclusive environment where each of the resident's needs and wishes were taken into account. On the day of the inspection, there was a clearly defined management structure in place. The service was led by a capable person in charge, supported by a team leader, who were knowledgeable about the support needs of the residents and this was demonstrated through good-quality care and support and the promotion of residents' independence.

While most of the governance and management systems in place were found to operate to a good standard in this centre, improvements were needed. In particular, to the systems that ensured timely completion of premises works that had been identified during a HIQA inspection in 2021. In addition, a review of the rationale for some of the household charges incurred by residents was needed to ensure that a fair and equitable service was being provided. Overall, the inspector found that some of the identified governance and management deficits were impacting negatively on residents' rights. This is discussed further in the quality and safety section of the report.

There were relevant policies and procedures in place in the centre which were an important part of the governance and management systems to ensure safe and effective care was provided to residents including, guiding staff in delivering safe and appropriate care. It also meant that policies and procedures were consistent with relevant legislation, professional guidance and international best practice relating to delivering a safe and quality service. Small improvement was needed to

bring one policy up-to-date.

Staffing arrangements included enough staff to meet the needs of the residents and were in line with the statement of purpose. There was continuity of staffing so that attachments were not disrupted and support and maintenance of relationships were promoted. Staff who spoke with the inspector demonstrated good understanding of the residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents living in this centre. Staff were endeavouring to support and encourage residents to live as independently as they were capable of.

There was a staff roster in place and it was maintained appropriately. The staff roster clearly identified the times worked by each person. As part of the registration renewal inspection, the inspector reviewed a sample of staff records to ensure they complied with the requirement of Schedule 2. However, there were a number of gaps found and improvements were needed to ensure that the required staff records were in place and maintained appropriately.

The person in charge was working full-time in the centre. They had the appropriate qualifications and skills and overall, sufficient practice and management experience to oversee the residential service to meet its stated purpose, aims and objectives.

There was a training matrix in place that supported the person in charge to monitor, review and address the training needs of staff to ensure the delivery of quality, safe and effective service for the residents. Overall, staff training was up-to-date including refresher training. Supervision and performance appraisal meetings were provided for staff to support them perform their duties to the best of their ability.

The inspector found that incidents were appropriately managed and reviewed as part of the continuous quality improvement to enable effective learning and reduce recurrence. The information governance arrangements in place, that ensured that the designated centre complied with notification requirements, was found to be effective.

There was an effective complaints procedure that was in an accessible and appropriate format which included access to an advocate when making a complaint or raising a concern. This procedure was monitored for effectiveness, including outcomes for residents to ensure residents received a quality, safe and effective services. The inspector found that where a complaint had been made, they had been addressed in an appropriate and timely manner. However, in the case of one complaint which was currently open, satisfaction levels had not yet been noted. The provider had provided an option to the complainant for them to escalate the complaint to the next level or to bring it to an external complaints management stakeholder, if they so wished.

Registration Regulation 5: Application for registration or renewal of registration

For the most part, the application for registration renewal and all required information was submitted to the Office of the Chief Inspector within the required time-frame.

Judgment: Compliant

Regulation 14: Persons in charge

The inspector found that the person in charge had a clear understanding and vision of the service to be provided and was endeavouring to foster a culture that promoted the individual and collective rights of the residents living in this centre.

Judgment: Compliant

Regulation 15: Staffing

Overall, there was sufficient numbers of staff with the necessary experience to meet the needs of residents availing of the respite services provided in the centre.

Where relief staff were employed, the person in charge endeavoured to employ the same three members of staff as much as possible. Staff who spoke with the inspector demonstrated good understanding of the residents' needs and were knowledgeable of policies and procedures which related to the general welfare and protection of residents living in this centre.

Judgment: Compliant

Regulation 16: Training and staff development

There was a training schedule in place for all staff working in the centre. The inspector found that for the most part, staff had been provided with the organisation's mandatory training and that the majority of this training was up-to-date. For example, staff were provided training in fire safety, human rights, safe medicine practices, infection control, and food hygiene but to mention a few.

Staff were also provided with training on the four modules contained in the HIQA standard training course.

In addition, residents were supported and encourage to attend training to support them live as independently as they were capable of. For example, residents had

been supported to attend fire safety training and first aid.

Judgment: Compliant

Regulation 19: Directory of residents

The registered provider had ensured that up to date records in relation to each resident as specified in Schedule 3 of the regulations were maintained and were made available for inspectors to view. A small improvement was required to the directory. For example, some residents' next of kin contact details had not been completed in full.

Judgment: Compliant

Regulation 21: Records

On review of a sample of staff records, the inspector found that the information contained within the records, was not in line with the requirements of Schedule 2.

For example, not all two staff members' identity that included a recent photograph, was in date. A vetting disclosure was not included in one staff member's file. Details and documentary evidence of qualification or accredited training of the staff was not included in two staff members files. The employment history of four staff members included a number of gaps and there was no explanation provided for the gaps. One staff folder did not included the required number of written references.

Judgment: Substantially compliant

Regulation 22: Insurance

The registered provider had valid insurance cover for the centre, in line with the requirements of the regulation.

Judgment: Compliant

Regulation 23: Governance and management

A previous HIQA inspection, carried out in the centre in 2021, had identified the

inappropriate location of the staff office (in the conservatory room). On the day of the inspection, the inspector observed that some of the works, such as flooring for the new upstairs office, had been completed, however, the conservatory was still being used as an office and included office equipment and furniture, residents folders and folders relating to the running of the centre. The timeliness of completing this action was not satisfactory and was overall, potentially impacting on residents right to privacy and dignity in relation to their personal information.

Improvements to the governance and management systems in place, at senior level, were needed to ensure the upkeep and repair of the designated centre was completed in a timely manner.

Some improvements were needed to the information governance management systems in place to ensure their effectiveness at all times. The provider had not submitted the required information requested to be sent ten days in advance of the inspection. For example, the centre's safeguarding policy, the risk management policy or the centre's most recent annual report had not been submitted to HIQA as required.

The provider had not provided a clear rationale as to why residents were paying for a portion of the running costs of the designated centre that were not directly related to them. For example, the cost of light and heat for the staff sleepover room, the cost of electricity for the staff office equipment and the cost of heat and light for the staff office.

Notwithstanding the above, The provider had completed an annual report of the quality and safety of care and support provided in the designated centre during 2022 and there was evidence to demonstrate that the residents and where appropriate, their families were consulted about the review. The provider had also carried out an unannounced six month review of the care and support provided to residents and the action plan was being progressed by the person in charge. In addition, there was a comprehensive auditing system in place by the person in charge to evaluate and improve the provision of service and to achieve better outcomes for residents.

Subsequent to the inspection, the person in charge submitted photographic evidence that the office had been relocated to upstairs and that the conservatory was now available as a communal space to residents. In addition, the person in charge submitted the centre's safeguarding and risk management policy and annual review of 2022.

Judgment: Substantially compliant

Regulation 24: Admissions and contract for the provision of services

Residents had been provided with contracts of care. In line with the provider assurance report actions, residents contracts of care had been reviewed and

updated in early 2023 to reflect the service provided included the fees to be paid by each resident.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose contained all required information, as per Schedule 1. Overall, it accurately described the service provided in the designated centre and was reviewed at regular intervals.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector found that, overall, there were effective information governance arrangements in place to ensure that the designated centre complied with notification requirements. The person in charge was submitting the quarterly, six monthly and three day notifications as required.

Judgment: Compliant

Regulation 34: Complaints procedure

The registered provider had established and implemented effective systems to address and resolve issues raised by residents or their representatives. Systems were in place, including an advocacy service, to ensure residents had access to information which would support and encourage them express any concerns they may have.

A complaint was currently open in relation to financial matters in the house. While it had not yet been resolved, the procedure had been followed and sufficient information had been provided to the complainant that would allow them continue further with their complaint, if they so wished.

Judgment: Compliant

Regulation 4: Written policies and procedures

The registered provider had ensured policies and procedures on matters set out in Schedule 5 had been implemented. On review of the policies and procedures in place, they had all being reviewed in line with the regulatory requirement. However, the policy relation to the 'Recruitment, selection and Garda vetting of staff', had not yet been reviewed.

Where policies were updated, staff were informed of the changes through team meetings or supervision meetings. Policies and procedures had been signed by staff as way of acknowledgement that they had read, understood and agreed to them.

Judgment: Substantially compliant

Quality and safety

The inspector found that the provider and person in charge were endeavouring to ensure that residents well-being and welfare was maintained to a good standard. There was a strong and visible person-centred culture within the centre. The person in charge and staff were striving to ensure that residents lived in a supportive environment where they were encouraged to live as independently as they were capable of. Residents were supported to maximise their independence while taking in to account their specific needs and abilities.

Since the last inspection, there had been some improvements in the centre which resulted in positive outcomes for residents, however, a number of required actions were outstanding. In addition, further improvements were needed to ensure that residents' rights were promoted and met at all times.

Through a social model of care, residents were supported to identify their preferences for support and to identify goals that they would like to achieve in order to ensure they were living life as they chose. Residents were supported, in line with their needs, to activity engage in their local community in a meaningful way and to pursue activities that were meaningful to them.

There was an up-to-date safeguarding policy in the centre and it was made available for staff to review. Residents were support to be aware and knowledgeable in how to protect themselves. Residents were aware of who they could go to should they have a concern about anything.

There were satisfactory contingency arrangements in place in the event of an outbreak of infectious decease in the centre. The centre's outbreak plan included appropriate precautions to be in place for residents and staff, how to deal with suspected cases of infections, the required PPE and the safe disposal of waste. The plan also included, self-isolation plans for residents which were observed to be person centred in nature. In addition, staff had completed appropriate training in relation to infection, prevention and control. From reviewing the person in charges'

audits, the inspector found that staff were, for the most part, working in line and adhering with, the cleaning schedules in place.

Overall, the premises was observed to be clean and tidy. Residents were provided with their own bedrooms, of which two were upstairs and two downstairs. In line with the residents wishes the inspector did not enter three residents' bedrooms. There were bathroom and shower facilities on the ground and first floor of the house. On walking around the house the inspector observed a number of walls and flooring, including some fixtures and fittings, that required upkeep and repair.

The person in charge had compiled a maintenance list in March 2023 which included a list of required upkeep and maintenance work in each area of the centre. However, the timeliness of the provider addressing the work was not satisfactory. This meant that areas of the house could not be cleaned effectively and as such potentially impacted on the effectiveness of the infection, prevention and control measures in place in the centre. In addition, the action to change the layout of two rooms, to provide a more suitable office location and an additional communal area, had not yet been completed. This impacted on the availability of communal spaces for residents to enjoy alongside impacting on residents' right to privacy and dignity, and in particular, in relation to their personal information.

Overall, the designated centre had appropriate fire management systems in place, for example, suitable containment measures, fire detection systems, emergency lighting, and fire fighting equipment. These were all subject to regular checks and servicing by an external fire safety contractor. All residents had individual emergency evacuation plans in place and fire drills were being completed by staff and residents regularly, which simulated both day and night time conditions. These were being completed in a timely and efficient manner.

While residents were supported to understand their right to make a complaint when they were unhappy about an issues, to make choices and voice their opinions at weekly residents' group meetings and with their keyworkers on a one to one basis, overall the inspector found that the designated centre was not promoting the rights of residents at all times. The inspector found that the delay in changing the location of the staff office, as well as the arrangements in place for paying utility bills was impacting on residents rights in a negative way.

Regulation 17: Premises

The timeliness of completing upkeep and repair issues in the centre such as, peeling and chipped paint, marks, stained and worn flooring was resulting in a potential infection control risk to residents. For example, these areas could not be effectively cleaned and posed a potential risk of the spread of health-care associated infection to staff and residents.

- Flooring in the sitting room and front hallway was badly marked and discoloured

with scuffs and chips in areas.

- Walls and skirting through-out the house included marks, chips and holes where nails/raw plugs had been removed.

- New units, as well as lino flooring, had been installed in the house's kitchen however, the floor was poorly fitted and lifting in some of the corners of the room. There were gaps at either side of the cooker, fridge and dishwasher where tiling, or a suitable and cleanable cover, was needed. The inspector observed ingrained dirt and grease on the grouting of the kitchen wall tiles and in particular, behind the cooker hob.

While the inspector had not entered all the bedrooms, the maintenance log noted that storage space in the rooms was limited.

On the day of the inspection, the conservatory area of the house was not laid out in a way that met the aims and objectives of the service. The residents' conservatory was set up as a staff office so could not be used as a communal space for residents to enjoy. The provider had committed to changing the location of the office in 2021. On the day, renovations to a room upstairs had commenced and there was a plan in place for the office to be located in this room however, the work was at the initial stages. (One week subsequent to the inspection, the person in charge submitted photographs that demonstrated the office had been re-located to a room upstairs).

Not all external areas of the house ensured an optimal area to relax and enjoy. The garden space out the back was unkempt with overgrown flowerbeds including weeds. While the patio area had been sprayed there was a lot of weeds in between the slabs which posed a potential trip risk.

Judgment: Not compliant

Regulation 26: Risk management procedures

The registered provider and the person in charge ensured the delivery of safe care whilst balancing the right of residents to take appropriate risk and fulfilling the centre's requirement to be responsive to risk. There was a risk register in place and it was regularly reviewed and updated when required. Furthermore, the risk management policy in place included all the required information as per regulation 26.

Judgment: Compliant

Regulation 27: Protection against infection

For the most part, the inspector found that the infection, prevention and control, (IPC), measures were effective and efficiently managed to ensure the safety of residents living in the centre. Improvements were needed to the upkeep and repair of a number of areas of the house which were potentially impacting on the IPC measures in place however, these have been addressed under regulation 17.

Cleaning equipment such as mops and bucket sets were appropriately stored in the laundry room which was a separated building located to the back of the house.

Staff had completed training in five modules of an appropriate infection, prevention and control course.

Overall, cleaning schedules in place were being adhered to. Where there had been gaps, this had been addressed at staff meetings.

There were satisfactory contingency arrangements in place for the centre in the event of an outbreak of infectious disease as well as self-isolation plans for residents. Policies and procedures and guidelines in place in the centre in relation to infection prevention and control clearly guided staff in preventing and minimising the occurrence of healthcare-associated infections.

Judgment: Compliant

Regulation 28: Fire precautions

The inspector found that there were good systems in place for the prevention and detection of fire.

All staff had received suitable training in fire prevention and emergency procedures fire fighting equipment and fire alarm systems were appropriately serviced and checked.

There were adequate means of escape, including emergency lighting. Fire safety checks took place regularly and were recorded appropriately.

Fire drills were taking place at suitable intervals.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The residents' personal plans promoted meaningfulness and independence in their lives and recognised the intrinsic value of the person by respecting their uniqueness.

Each resident was provided with a support plan which outlined residents support requirements and provided guidance for staff in how each resident chose for their support to be provided.

Alongside their support plan, residents were provided with an individual risk assessment and medical management plan. Each plan identified the needs of residents and provided guidance as to how to support the resident in living a life as independent as they were capable of.

Judgment: Compliant

Regulation 8: Protection

All staff had received up-to-date training in the safeguarding and protection of vulnerable adults. Staff spoken with appeared familiar with reporting systems in place, should a safeguarding concern arise.

There was an accident and incident logging system in place that recorded any adverse incidents which the person in charge had oversight.

Where a complaint had included matters relating to residents safety accessing money in the community, the person in charge had followed up with residents to ensure their safety and to provider choices on alternative ways to access and spend their money.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector found that residents rights were not being promoted in the centre at all times.

On the day of the inspection, the staff office was located in conservatory area of the house and had been this way since 2021. The conservatory entrance was used as one of the main entrances and exits in the house for residents, staff and visitors. In addition the conservatory was next to the kitchen dining room with a glass door patrician in place.

For example, residents' personal plan folders were located on open shelving in the conservatory. In addition, other folders which contained information about residents, such as the risk register folder, the fire safety folder, infection, prevention and control folder, but to mention a few were all stored on open shelving in the same room. There was a risk, due to the location of the office, that telephone calls or

meetings, regarding personal information, could be overheard.

The use of the residents' conservatory, as a staff office, also impacted on the communal spaces available to residents.

While, a week subsequent to the inspection, the office was relocated to an upstairs room in the house, overall, the timeliness of the provider addressing the inappropriate location of the office, meant that residents' right to privacy and dignity of their personal information had not been assured for at least 23 months.

As well as paying weekly rent and grocery bills, residents in the centre paid for utility bills such as gas and electricity bills. While the person in charge and staff team had made efforts to support residents to avail of value for money and reduction of costs in respect of utility and grocery bills, bi-monthly utility bills were observed to be very high and in particular, over the winter period. Residents updated contracts of care noted that the utility bills were divided amongst resident living in the house. However, there was no clear or satisfactory rational or consultation process in place to demonstrate why residents were paying for the portion of utility bills related to the cost of running a staff office or staff sleep over room. For example, the staff office included office equipment such as computers, laptops, printers, chargers and used light and heat in the room. The sleepover room used light and heat.

A complaint had been submitted to the provider, (and also HIQA), regarding resident's finances and part of the complaint relayed a concern regarding the arrangements in place for paying utility bills and questioned the rationale and fairness for resident. As of the day of the inspection, while the provider had attempted to engage with their funding agency regarding this matter, there was no satisfactory outcome to the complaint or the arrangements in place.

Notwithstanding the above, staff advocated on behalf of residents on a regular basis and supported residents to submit complaints when they were unhappy or when their rights were being impacted. Residents' meetings took place on a weekly basis where residents voiced their opinions and talked about household matters that required addressing or improvements. Matters such weekly menu plans and shopping lists were also discussed and decisions made. There was a system in place in the centre, which had been agreed by residents, to share house hold tasks in a fair and equitable way. Residents were consulted and participated in the annual review of the care and support provided in the centre in a meaningful way.

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 5: Application for registration or renewal of registration	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 21: Records	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Admissions and contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management procedures	Compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Bray Supported Accommodation OSV-0002642

Inspection ID: MON-0031264

Date of inspection: 16/06/2023

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <ul style="list-style-type: none"> • Documents / issues identified as part of this inspection are currently being sourced and will be in place by July 27th 2023 <p>In conjunction with the PIC the HR Department will complete an audit of staff files to ensure all documents as required under Schedule 2 are in place for all staff working in the service. This will be completed by July 27th 2023</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • Monthly Oversight meetings will take place with the PIC and senior management to ensure all actions identified as part of this plan are completed within a timely manner. Calls will begin in July and will last until all actions are completed. • The provider will submit a business case to the HSE for additional funding to cover a portion of running costs of the house. This will be completed by 11/8/23. • The provider will undertake a review of the running costs of the service, to include contributions, this will be completed by 31/10/2023 • PIC has supported residents to contact external advocacy services in relation to the running costs of the house. <p>The internal advocate will meet with Residents before 27/07/2023 in relation to the running costs of the house.</p>	

Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <ul style="list-style-type: none"> • The Provider's Garda vetting Policy is being reviewed and updated and will be circulated to services by 31/08/2023. 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Internal property inspection took place on 13/7/23 to agree schedule of works to be completed. • Entire house will be painted, holes will be filled, skirting boards will be replaced. Painting to include ceiling, skirting, door frames etc. • Wooden floors will be sanded and sealed professionally. • Kitchen - Kitchen floor to be replaced. New backsplash for cooker area to be installed. Silicone to be replaced around counter and sink. • Laundry room - Floor to be painted in appropriate manner for IPC purposes. Walls to be painted. • Carpets - Carpets to be deep cleaned professionally and replaced if cleaning is not to a satisfactory standard. • Garden - External contractor to be brought in on a once off basis to complete remedial works. New contractor to be sought going forward to ensure ongoing maintenance. • Conservatory - To be redecorated in line with residents choices. • Cleaning- Professional deep clean to be conducted following all works. <p>It is anticipated that all of the above will be completed by 30/11/23</p>	

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • Office has been permanently relocated upstairs and all documentation previously stored in the conservatory is now stored in the new office . Conservatory is now a communal space and will be redecorated in line with the residents choices. This will be completed by 30/11/23 • The provider will submit a business case to the HSE for additional funding to cover a portion of running costs of the house. This will be completed by 11/8/23. • PIC has supported residents to contact external advocacy services in relation to the running costs of the house. • The provider will undertake a review of the running costs of the service, to include contributions, this will be completed by 31/10/2023. 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(1)(a)	The registered provider shall ensure the premises of the designated centre are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.	Not Compliant	Orange	30/11/2023
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	30/11/2023
Regulation 17(7)	The registered provider shall make provision for the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/11/2023
Regulation 21(1)(a)	The registered provider shall ensure that records of the	Substantially Compliant	Yellow	27/07/2023

	information and documents in relation to staff specified in Schedule 2 are maintained and are available for inspection by the chief inspector.			
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.	Substantially Compliant	Yellow	30/11/2023
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.	Substantially Compliant	Yellow	30/11/2023
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the chief inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them	Substantially Compliant	Yellow	30/08/2023

	in accordance with best practice.			
Regulation 09(2)(e)	The registered provider shall ensure that each resident, in accordance with his or her wishes, age and the nature of his or her disability is consulted and participates in the organisation of the designated centre.	Substantially Compliant	Yellow	30/11/2023
Regulation 09(3)	The registered provider shall ensure that each resident's privacy and dignity is respected in relation to, but not limited to, his or her personal and living space, personal communications, relationships, intimate and personal care, professional consultations and personal information.	Not Compliant	Orange	30/11/2023