



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

Issued by the Chief Inspector

Name of designated centre:	Racecourt Manor
Name of provider:	Peter Bradley Foundation Company Limited by Guarantee
Address of centre:	Sligo
Type of inspection:	Short Notice Announced
Date of inspection:	20 July 2021
Centre ID:	OSV-0001518
Fieldwork ID:	MON-0033150

About the designated centre

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

Racecourt Manor is a service run by Peter Bradley Foundation Company Limited. The centre is located on the outskirts of a town in Co. Sligo and comprises of one premise which provides residential care for up to four male and female residents, who are over the age of 18 years and who have an acquired brain injury. Each resident has their own room, some en-suite facilities, shared bathrooms, shared communal areas and access to a garden area. The centre operates from Monday to Friday, with staff on duty both day and night to support the residents who live here.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

2

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 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
Tuesday 20 July 2021	11:15 am to 4:45 pm	Angela McCormack	Lead

What residents told us and what inspectors observed

The inspector found that Racecourt Manor provided person-centred and individualised care to residents. Residents receiving care in the centre were facilitated to identify meaningful goals to assist them in being as independent as possible and supporting them to achieve the best possible health and well-being outcomes.

The centre provided residential care Mondays to Fridays for up to four residents, with residents returning to their homes at weekends. At the time of inspection, there were two residents availing of care in Racecourt Manor. The inspector got the opportunity to meet with both residents individually, and also met and spoke with staff supporting them while adhering to the public health measures of the wearing of face masks and social distancing.

Both residents agreed to talk with the inspector about their experiences of receiving care in the centre. Residents said that the care provided was excellent, saying that it had changed their lives and that they 'couldn't fault it'. Residents spoke about how they were supported by individual staff members, and about how they meet regularly with their key worker who help them with achieving personal goals. Residents also spoke about how they could go to the person in charge or raise any complaints if they had any; however both residents said that they were very happy with the service.

Residents' meetings were held weekly, notes of which demonstrated residents' consultation in the running of the centre. Residents were provided with updates and information about the centre at these meetings; including if any new resident would be moving in, updates about COVID-19 and information about a range of health and safety related topics. In addition, residents were involved in the meal planning for the week and one resident spoke about how they plan and cook meals during the week, and how they were also involved in the weekly grocery shopping for the house.

During the day of inspection, residents were observed to be interacting with each other in a friendly manner and it was evident that residents were comfortable in each others' company. One resident spoke about their plans for the day, which involved going for a walk in the local community independently. The centre had a lovely therapeutic garden area to the side of the house, in which residents grew vegetables and fruit. Residents spoke about how much they liked the gardening project and one resident spoke about how they had used what they had learned about gardening and applied it in their own home environment. Throughout the day, residents were observed spending time in the garden.

The house was noted to be clean, comfortable and brightly decorated. Residents had access to televisions, film streaming services, a computer, exercise equipment and one resident spoke about how they had their own personal computer tablet.

Residents had their own individual bedrooms, and it was noted that their privacy was respected with notices observed on the doors indicating when residents did not want to be disturbed.

The inspector also met and spoke with two staff who were working on the day. Staff told the inspector about how much they loved working there and how much they loved the job that they do. It was evident that staff were committed to the role in supporting residents to achieve their goals, as they spoke about what was important for residents to maximise their independence and overall well-being. Staff also spoke about how they felt well supported in their role by the management team, and how they were supported to access training for continuous professional development. The inspector observed warm and caring interactions between residents and staff, and it was evident that residents were comfortable around the staff members and in their environment.

The inspector also reviewed documentation such as support plans, the annual review of the service, and residents' house meeting notes in order to get a more detailed view of the lived experience of residents. The inspector noted that residents were supported with making choices about how they lived their lives and about what goals they wanted to achieve through regular meetings with their key-worker and members of the multidisciplinary team.

Overall, residents appeared well supported with their individual needs, and arrangements were in place to ensure that they were consulted about the running of the centre and in making choices in their lives. The next two sections of this report present the inspection findings in relation to governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered.

Capacity and capability

The inspector found that Racecourt Manor was a well ran service, where ongoing monitoring took place to ensure that the centre was safe and to a high quality. There was evidence of good compliance on inspection, with many regulations assessed found to be in full compliance with the regulations. However, improvements were needed in the maintenance and repair of one bedroom which was not being used at present, and the assessment of some risks relating to COVID-19. Improvements in these areas would further enhance the quality of service provided.

The person in charge worked full-time and was based at the centre. She was supported in her role by a team leader who also worked full-time and was involved in the operational management of the centre. The skill-mix in the centre consisted of a team of rehabilitation assistants who worked on the front line with residents, a community rehabilitation assistant and two psychologists. The centre appeared to be effectively resourced to deliver care to residents on the day of inspection. There was

sleepover cover provided each night to support residents with their needs, and a management on-call system was in place for out-of-hours should this be required. There was a rota in place which was reviewed and demonstrated that there was a consistent staff team in place. The actual rota required improvements to clearly outline who was working on the day, and what grade of staff they were. The person in charge addressed this by the end of the inspection.

Staff were provided with training as part of their continuous professional development, and to ensure that they had the skills and knowledge to effectively support residents. The person in charge maintained a schedule for supervision meetings with staff, which indicated that supervision meetings were held regularly and in line with the organisation's policy. Staff spoken with said that they felt well supported in their role and could raise any concerns to the person in charge, should this be required.

There were systems in place for the ongoing monitoring of the quality of care provided in the centre. The provider carried out unannounced audits and completed the annual review of the quality and safety of care and support in the centre as required in the regulations. Consultation occurred with residents and their families. The inspector was informed that feedback was sought from residents and their families after each resident transitioned back home, and then this feedback was used as part of the overall annual review of the service.

In addition, the person in charge ensured that a range of internal audits were carried out. These included audits in medication management, residents' care plans, health and safety and infection prevention and control. There was evidence that any incidents that took place in the centre were discussed as part of the regular team meetings so that learning could be taken and to minimise the risk of future incidents occurring.

In summary, the provider and person in charge ensured that the centre was effectively monitored. The systems in place demonstrated that regular reviews occurred about the quality and safety of care provided in the centre. Improvements that were required in the upkeep of the house had been identified by the provider through their audits and there was evidence that the person in charge was following up on this; however these works remained outstanding. This required completion so that the service could resume providing care to up to four residents when this was required, and in line with the statement of purpose.

Regulation 15: Staffing

The centre appeared to be effectively resourced with the skill mix and numbers of staff to meet the needs of residents. The rota in place required improvements to reflect the actual staff working and this was addressed by the person in charge on the day. Staff files were not reviewed at this time.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were provided with opportunities for training in a range of areas to support them with their professional development and to equip them with the skills and knowledge to support residents with their needs. The person in charge ensured that regular supervision meetings occurred with staff.

Judgment: Compliant

Regulation 23: Governance and management

There were good governance and management systems in place, which ensured effective and ongoing monitoring of the quality and safety of care provided. A range of audits occurred, including provider unannounced audits as required by the regulations, which demonstrated good oversight and monitoring by the management team.

Judgment: Compliant

Quality and safety

The inspector found that residents received a high quality, person-centred service where ongoing consultation occurred with residents about the running of the service and issues that may impact on them. Residents told the inspector that they were very happy about the quality of the care provided, with one resident stating that it was a 'home from home'. Although one bedroom was not being used at this time due to reduced numbers during COVID-19, the bedroom required upgrade work to ensure that it was fit for purpose. In addition, risk management around COVID-19 required improvements which would further enhance the quality of service.

Residents' needs were assessed prior to, and following, accessing the service. Care needs were assessed and plans were developed in areas where support was required. Residents were supported to identify priorities and goals to achieve, and had regular meetings with their key-worker to review progress in these areas of priority. In addition, monthly progress review meetings were held between individual residents and members of the multidisciplinary team.

Residents were supported to achieve the best possible health and well-being during

their period of stay in Racecourt Manor. Residents were facilitated to attend medical and health care services where this was identified as being required. A range of support plans were in place to guide staff in supporting residents with health and well-being related needs. In addition, residents had regular access to multidisciplinary supports such as psychologists and occupational therapists as part of their rehabilitation programmes.

The inspector found that residents' rights were promoted and upheld through ongoing discussion and consultation with residents about matters affecting them and matters relating to the running of the house. In addition, there was evidence in the meeting notes and through discussions with residents, that they were consulted with regard to their day-to-day lives. A comprehensive 'welcome pack' had been developed for new residents, and was available for review by the inspector. The inspector was informed that this was given to residents prior to using this service. This pack contained a range of information to ensure that residents were fully aware of the running of the service, their rights, advocacy and how to raise complaints, in addition to other relevant information about the service such as a residents' guide, statement of purpose, service agreement and supports for family members.

Safeguarding of residents was promoted through staff training and the ongoing review of incidents that arose in the centre. Staff spoken with were aware of what to do in the event that a concern of a safeguarding nature arose. Residents were supported to be aware about how to report concerns through regular discussion at residents' meetings and through information provided as part of the 'welcome pack'. Residents spoken with were knowledgeable about how to make a complaint or raise a concern, should they wish to do so.

There were systems in place for the prevention and control of infection. This included staff training, infection prevention and control audits, posters on display around the house about how to prevent infection transmission and availability of personal protective equipment (PPE). Residents' meetings demonstrated that residents were supported to understand measures to protect themselves from infection with regular discussion occurring about COVID-19 and practical training sessions on hand hygiene techniques. The person in charge had completed the Health Information and Quality Authority (HIQA)'s self assessment for preparedness planning and there was an up-to-date service response plan. However, while risks were generally assessed and managed well at service and individual level, the risk associated with a resident potentially testing positive for COVID-19 while in service and the service only providing five day care had not been assessed. While the person in charge spoke about what may happen in this scenario, the risk was not assessed to ensure that adequate control measures were in place. For example; the area of staffing arrangements if the centre was to stay open for seven days per week in this scenario had not been adequately assessed. The person in charge undertook to address this following the inspection

A review of works related to fire safety which was included on the compliance action plan from the last HIQA inspection was completed. All works identified had been completed. In addition, there were daily, weekly and monthly checks completed on various fire safety systems and equipment. A review of fire drills demonstrated that

these occurred regularly and under different scenarios to ensure that residents were aware of how to evacuate the centre safely. Discussion then took place at residents' meetings about fire drills to support residents' understanding of this requirement to ensure their safety.

In summary, residents receiving care in Racecourt Manor were provided with person-centred care and support, and there was evidence that residents' rights and decisions about their lives were valued and upheld. Improvements in the assessment of risk and the completion of the outstanding maintenance issues would further enhance the good quality of service provided.

Regulation 17: Premises

One bedroom in the house required repairs due to damp areas and peeling paintwork, which meant it could not be used as a bedroom at this time. In addition, the provider had identified that some showers required upgrading and this work remained outstanding also.

Judgment: Substantially compliant

Regulation 20: Information for residents

There was a residents' guide in place and available to residents, which provided all the information as required under the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

The assessment of some risks around COVID-19 required improvements to ensure that all scenarios, including if a resident tests positive while in the centre and could not go home at weekends, was adequately assessed. This would ensure that effective control measures could be put in place should such a situation arise.

Judgment: Substantially compliant

Regulation 27: Protection against infection

The provider ensured that there were good systems in place for the prevention and control of health care infections including COVID-19

Judgment: Compliant

Regulation 28: Fire precautions

There were systems in place for the detection and containment of fire. Fire drills were carried out regularly which ensured that residents could be safely evacuated.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

Residents' health, personal and social care needs were assessed and kept under regular review. There was evidence of residents' full participation at meetings about their care, where areas of priorities and goals were identified with residents and were kept under regular review, with progress noted.

Judgment: Compliant

Regulation 6: Health care

Residents were supported to achieve the best possible health and wellbeing outcomes. Where the need arose, residents were facilitated to attend health care appointments, and had access to multidisciplinary supports as part of their rehabilitation plan.

Judgment: Compliant

Regulation 8: Protection

The provider ensured residents' safety through staff training and regular review of incidents. Residents received information about how to raise any concerns or complaints, and regular meetings between residents and key-workers occurred where residents could discuss areas of concern. Residents had comprehensive personal care plans in place which detailed supports, if any, that they may require in

personal care areas.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld, through regular consultation about all matters relating to the house and their lives. Residents had choice in their day-to-day lives, and were provided with comprehensive information about a range of topics; including advocacy and rights, as part of a welcome pack to the service.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013, and the Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 - 2015 as amended and the regulations considered on this inspection were:

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Substantially compliant
Regulation 27: Protection against infection	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Racecourt Manor OSV-0001518

Inspection ID: MON-0033150

Date of inspection: 20/07/2021

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 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises: An audit of the premises was completed by HSE Estates on the 17.8.2021 A report on all maintenance issues submitted to Estates and scheduled to be actioned by December 2021.	
Regulation 26: Risk management procedures	Substantially Compliant
Outline how you are going to come into compliance with Regulation 26: Risk management procedures: The assessment of some risks around COVID-19 required improvements to ensure that all scenarios, including if a resident tests positive while in the centre and could not go home at weekends, was adequately assessed." Discussions have been held with HSE, and commitment scheduled to be in place by Sept 28th to cover the costs of weekend service delivery should the above scenario arise.	

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)(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	31/12/2021
Regulation 26(2)	The registered provider shall ensure that there are systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.	Substantially Compliant	Yellow	28/09/2021