



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

Issued by the Chief Inspector

Name of designated centre:	Brompton - Community Residential Service
Name of provider:	Avista CLG
Address of centre:	Dublin 15
Type of inspection:	Announced
Date of inspection:	11 July 2024
Centre ID:	OSV-0003069
Fieldwork ID:	MON-0035776

About the designated centre

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

Brompton is a community based home for adult residents with an intellectual disability. The centre is situated in Co. Dublin within walking distance of a local village which has amenities such as shops, cafes, restaurants, and a shopping centre. The premises consists of a two-storey building with four bedrooms, two bathrooms, a kitchen-dining room, a living room and a self contained one-bedroomed apartment. Three residents live in the main part of the house and one resident in the apartment. Staff encourage residents to be active members in their communities and to sustain good relationships with their family and friends. The staff team comprises a person in charge, and social care workers. Staffing resources are arranged in the centre in line with residents' needs.

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
Thursday 11 July 2024	08:30hrs to 15:30hrs	Marie Byrne	Lead

What residents told us and what inspectors observed

From what residents told the inspector and based on what they observed, a good quality of care and support was provided in this centre. This inspection was carried out to assess the provider's regulatory compliance, to inform a recommendation to renew the registration of the designated centre. The findings were positive, with all regulations reviewed found to be compliant during the inspection.

Brompton is a designated centre comprising of a two-storey house where residential care is provided for up to four adult residents with an intellectual disability on a 24/7 basis. In the main part of the house there are four bedrooms upstairs, a kitchen come dining room and a living room which leads off the main communal space which has sliding doors for additional privacy. There is a self-contained apartment to the side of the premises which can be accessed internally and through an external door in the back garden. The apartment consists of a combined kitchen come dining area downstairs. The house is located in a housing estate in Co. Dublin and is within walking distance of a local village with amenities such as shops, cafes, restaurants and a large shopping centre. A bus is shared between this and another designated centre to support resident to access appointments, day services and their local community.

During the inspection the inspector of social services had the opportunity to met and speak with the four residents living in the centre, two staff and the person in charge about the quality and safety of care and support in the centre. They also reviewed documentation about how care and support is provided for residents and about how the provider's ensures oversight and monitors the quality of care and support.

Residents communicated verbally and by using gestures and body language to communicate their wishes and preferences. Staff were observed by the inspector to be very familiar with residents' communication preferences and to take the time to listen to them and to respond appropriately. The inspector observed warm, kind, and caring interactions between residents and staff throughout the inspection.

On arrival and throughout the day the inspector observed that there was a warm, friendly and welcoming atmosphere in the house. The inspector had an opportunity to sit and spend time with the four residents living in the centre on the morning of the inspection and to briefly speak to two of them in the afternoon. Residents were observed laughing and making jokes with each other and staff throughout the morning. They spoke about things they enjoyed doing, their plans for the day and for upcoming trips and holidays. One resident showed the inspector the vegetables they were growing in the back garden including tomatoes, scallions, courgettes and lettuce. The garden was well maintained and there were trees, shrubs, flowers and and there was an area with a table and chairs.

Each resident attended day services four days a week and they had a planned day off during the week from day services. There was a staff available during the day

should anyone not feel like or wish to go to day services. Residents spoke to the inspector about things they liked to do on their day off such as going shopping and going to the hairdressers, for a massage and to the beauticians. Residents named their favourite beauticians and hairdressers. Two residents spoke about their daily beauty regimes and two resident went to have their hair done in local hairdressers during the inspection.

Residents also spoke with the inspector about their hobbies and interests. They spoke about their favourite activities to do during the week such as drama class, swim training, and horse-riding up to four times a week. One resident was swim training up to four times a week and they had recently taken part in a swimming gala and won second place. The resident who goes horse riding every week showed the inspector the rosette they had recently received. A staff member spoke about how a resident used to enjoy dog walking and had recently visited a charity with a view to volunteering their in the future. They had also attended a dog festival on a farm where there was music and exhibitions.

Two residents spoke about places they had lived over the years. They spoke about living in congregated settings on a campus where they shared their bedroom with a number of people. After this they moved to a different houses in the community. They said this house was their favourite because they liked living with their housemates and were much happier now that they had their own bedroom and somewhere to keep their personal belongings and favourite possessions safe.

Residents told the inspector about how nice and supportive the staff team were. They spoke about their keyworkers and how they were supporting them to develop and achieve their goals. They spoke about how much they enjoyed spending time with staff, especially on their day off every week. One resident spoke about how much they enjoy relaxing and watching their favourite television shows with staff in the evenings.

Residents' rights were regularly discussed with them through resident and keyworker meetings. Two residents told the inspector they would speak with staff if they had any worries or concerns. They were aware of where the complaints process was in the centre, including where the picture of the complaints officer was on display. They said their privacy was respected in their home and if they wished to they could lock their bedrooms. Residents were observed to be involved in the day-to-day running of their home. One resident was observed putting their bed clothes in the washing machine after stripping their bed. Residents were also observed preparing meals, snacks and drinks for themselves. One resident spoke with the inspector about cleaning and dusting their bedroom.

Each resident spoke with the inspector about how important their relationships were with their families and friends. They spoke about meeting their family regularly and meeting their friends for coffee or a drink at parties and events. One resident had recently been on a trip abroad with a friend and another resident spoke about their plans to go aboard to visit a family member. Residents also spoke about enjoying it when their neighbour popped in for a cup of tea.

Each of the four residents completed, or were assisted to complete questionnaires on "what it is like to live in your home", which had been sent to them in advance of the inspection. Two residents were supported by their family and two residents were supported by staff to complete their questionnaires. In these questionnaires residents and their representatives indicated they were happy with the house, access to activities, staff supports, and their opportunities to have their say. Examples of comments in their questionnaires included.."the food is nice", I like living in the house with the girls", "I like my own bedroom", "the staff are very good", and "I love the staff". One resident put in their questionnaire that they were "good friends" with their housemates. One questionnaire indicated that the arrangements to meet visitors in private "could be better", and one resident indicated that they "sometimes" don't get along with the people the live with.

The inspector found that the registered provider was capturing the opinions of residents and their representatives on the quality and safety of care and support in the centre in their six-monthly and the annual reviews. In the most recent annual review residents opinions were sought in relation to their home, their personal plans, their involvement in the day to day running of their home. For example, residents spoke about their input into purchasing new furniture and decorating their home. Residents' representatives views were captured in the annual review though and annual survey and over the phone. Their feedback was reported to be positive in relation to care and support for their loved ones.

In summary, residents told the inspector they were busy and had things to look forward to. The staff team told the inspector they were motivated to ensure they were happy and safe and taking part in activities they found meaningful. Overall, the inspector found that residents were supported to to make choices around how and they wished to spend their time, what and when they would like to eat and drink, and to what extent they wished to take part in the upkeep of their home and garden. The provider was completing audits and reviews and identifying areas of good practice and areas where improvements may be required. They were implementing the actions to bring about the required improvements.

The next two sections of this report will 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 provided.

Capacity and capability

This announced inspection was completed to inform a decision on the registration renewal of this designated centre. The findings of this inspection were that residents were in receipt of a good quality of care and support. They were supported and encouraged to take part in the day-to-day running of their home and in activities they enjoy. The provider was identifying areas of good practice and areas where

improvements were required in their own audits and reviews.

There was a clear management structure in the centre which was outlined in the statement of purpose. The person in charge was present in the centre regularly and there was an on-call service available to residents and staff out-of-hours. The person in charge reported to and received support from an assigned person participating in the management of the designated centre (PPIM) and a service manager.

The provider's systems to monitor the quality and safety of service provided for residents included area-specific audits, unannounced provider audits every six months, and an annual review. Through a review of documentation and discussions with staff the inspector found that provider's systems to monitor the quality and safety of care and support were being fully utilised and proving effective at the time of the inspection. Each of the regulations reviewed were found to be complaint during this inspection. The provider's policies, procedures and guidelines were readily available in the centre to guide staff practice.

The centre was fully staff in line with the statement of purpose. Some of the supports in place to ensure that the staff team were carrying out their roles and responsibilities to the best of their abilities included, supervision, annual performance development reviews, training, and opportunities to discuss issues and share learning at team meetings.

Regulation 14: Persons in charge

The person in charge was full-time and was also identified as person in charge of another designated centre operated by the registered provider. From a review of Schedule 2 information in advance of the inspection, the inspector found that the person in charge had the qualifications and experience to meet the requirements of Regulation 14.

During the inspection the inspector found that they had systems to ensure oversight and monitoring in this centre. The person in charge was found to be self-identifying areas for improvement and implementing the required actions to bring about these improvements. They were working shifts equating to 19.5 hours in this centre and had 19.5 hours divided equally between the two designated centre to complete administration duties associated with the person in charge role.

The residents was observed to be very familiar with them and appeared very comfortable and content in their presence. The residents laughed and smiled as they spoke to, and about the person in charge. Two staff members who spoke with the inspector was also complimentary towards the support they provided to them.

Judgment: Compliant

Regulation 15: Staffing

The provider had a recruitment policy which detailed the systems they employed to ensure that staff had the required skills and experience to fulfill the job specifications for each role.

A staff member had transferred from another designated centre operated by the provider in the months preceding the inspection. This had resulted in the centre being fully staffed in line with the statement of purpose at the time of the inspection. In addition, staffing numbers had increased from one to two at key times to support residents to take part in activities they enjoyed. These additional eight hours were mostly used at weekends but were organised in line with residents' plans.

The inspector reviewed a sample of four months of planned and actual rosters for 2024 and found that they were well-maintained. The rosters showed that planned and unplanned leave was covered by staff working additional hours or the same regular relief staff covering the required shifts. Residents spoke with the inspector about discussing who was working every week during their residents' meetings. They also spoke about how they knew the relief staff who worked in the centre regularly.

Judgment: Compliant

Regulation 16: Training and staff development

The inspector reviewed the staff training matrix in the centre and reviewed a sample of certificates of training for five staff. Each staff had completed training listed as mandatory in the provider's policy including, fire safety, safeguarding, manual handling, Infection Prevention and Control (IPC), safe administration of medicines, complaints and food safety training. They had also completed additional trainings in line with residents' assessed needs such as dementia training and feeding, eating, drinking and swallowing difficulties (FEDS) training.

Each staff had completed training on applying a human-rights based approach in health and social care. The inspector spoke with the person in charge about the impact of this training. They spoke about how more discussions were being held about human rights amongst the team and about how the terminology used by staff had changed after the training. In addition they spoke about how staff were always respecting residents' rights; however, they were now reflecting how they were supporting residents to make choices and decisions in residents' plans.

The inspector reviewed staff supervision records and annual performance development reviews for three staff for 2024. The agendas were resident and

human-rights focused. From the sample reviewed, discussions were held in relation to areas such as staff's roles and responsibilities for the quality and safety of care and support for residents, training, policies procedures and guidelines, and staff's strengths and areas for development.

Two staff who spoke with the inspector said they were well supported and aware of who to raise any concerns they may have in relation to the day-to-day management of centre or residents' care and support. They also spoke about the provider's on-call system.

Judgment: Compliant

Regulation 23: Governance and management

The management structure defined in the statement of purpose was in line with what was described by staff during the inspection. Staff also clearly identified lines of authority and accountability amongst the team.

The provider's last two six-monthly reviews and the latest annual review were reviewed by the inspector. These reports were detailed in nature and capturing the lived experience of residents living in the centre. They were focused on the quality and safety of care and support provided for residents, areas of good practice and areas where improvements may be required. The inspector viewed a sample of area specific audits for 2024 including monthly, quarterly and annual audits in areas such as resident's finances, risk management, residents' personal plan, fire safety, medicines management, food safety, first aid, vehicle checks, health and safety checks, complaints, cleaning and staff training. The inspector found that the action plans for the provider's audits and reviews and the area specific audits showed that all the required actions were being completed in line with the identified timeframes.

Judgment: Compliant

Regulation 3: Statement of purpose

The statement of purpose was reviewed and it contained the required information. It had been updated in line with the timeframe identified in the regulations.

Judgment: Compliant

Regulation 31: Notification of incidents

The inspector reviewed the incident reports for 2024 and found that the person in charge had ensured that the Chief Inspector of Social Services was notified of the required incidents in the centre in line with regulatory requirements.

Judgment: Compliant

Regulation 34: Complaints procedure

The provider had developed a complaints policy which was available and reviewed in the centre. The complaints procedures were also outlined in the statement of purpose and there was an easy-to-read document on managing complaints available in the centre. There was a nominated complaints officer and their picture was available and on display in the centre.

The inspector spoke with two residents who told them what they would do if they had any worries or concerns. They said they would speak to a member of the staff team. The complaints process was also discussed at resident's meetings.

Two complaints submitted by residents in 2024 were reviewed. These had been reviewed and followed up on by the relevant parties. It was recorded that they were closed in a timely manner and to the satisfaction of the complainants.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents had opportunities to take part in activities and to be part of their local community. They were making decisions about how they wished to spend their time. They were supported to develop and maintain friendships and to spend time with their families and friends. They lived in a warm, clean and comfortable home.

The inspector reviewed each resident's assessment of need and personal plan. They found that these documents positively described their needs, likes, dislikes and preferences. They had their healthcare needs assessed and care plans were developed and reviewed as required. They were accessing health and social care professionals in line with their assessed needs.

Residents, staff and visitors were protected by the risk management and fire safety policies, procedures and practices in the centre. There was a system for responding to emergencies. Staff had completed training in fire prevention and residents were supported to become aware of fire safety procedures. Fire equipment was serviced and maintained and fire safety checks were completed regularly and this was

recorded.

Residents were also protected by the safeguarding and protection policies, procedures and practices in the centre. Staff had completed training and were found to be knowledgeable in relation to their roles and responsibilities should there be an allegation or suspicion of abuse. Safeguarding plans were developed and reviewed as required.

Regulation 11: Visits

Visiting arrangements were detailed in the provider's visiting policy, the statement of purpose and the residents' guide which were all available and reviewed in the designated centre during the inspection. These documents detailed how visits were facilitated unless it posed a risk or if the resident did not wish to receive visitors.

Through a review of documentation and discussions with residents and staff it was clear that they were being supported to visit and be visited by the important people in their life. The inspector reviewed residents' personal plans and found that they were visiting family and friends regularly and visiting them in their homes and in the community.

Judgment: Compliant

Regulation 12: Personal possessions

The provider had developed a policy relating to residents' personal property, personal finances and possessions. The inspector reviewed financial records and audits for the a four residents for 2024 and found that they were being supported to manage their finances.

Residents had accounts in financial institutions. Receipts were maintained, bank statements were available and audited, and a log of residents' income and expenditure was maintained. A log of residents property and personal effects were maintained in their care plans.

Judgment: Compliant

Regulation 17: Premises

The inspector completed a walk around the premises with the person in charge during the inspection. The house and apartment were found to be clean, homely

and well maintained.

The provider had ensured that the premises was designed and laid out to specifically meet the needs of the resident. There was a driveway at the front of the house and a small well-maintained garden at the back of the house.

Each resident had their own bedroom and storage for their personal items. There was also a large kitchen come dining room with double doors into the living room. These doors were open the majority of time but could be closed should residents require somewhere to speak with staff in private, or to meet with visitors in private. One resident had an apartment at the side of the property and they could access the main house, as required.

Judgment: Compliant

Regulation 20: Information for residents

The residents' guide was available and reviewed in the centre. It was found to contain the required information as set out in the regulations.

Judgment: Compliant

Regulation 26: Risk management procedures

Residents, staff and visitors were protected by the risk management policies, procedures and practices in the centre. The risk register and risk log reviewed were found to be reflective of the presenting risks and incidents occurring in the centre. The inspector reviewed the risk assessments in the four residents' plans and a sample of the general and organisational risks and found that they were up-to-date regularly reviewed.

There were systems in place to record incidents, accidents and near misses and learning as a result of reviewing these was used to update the required risk assessments and shared with the staff team. A quarterly review of incidents was completed by the person in charge and PPIM. There were systems to respond to emergencies and to ensure the vehicle in the centre was roadworthy and suitably equipped

Judgment: Compliant

Regulation 28: Fire precautions

Each resident had a detailed personal emergency evacuation plan which clearly outlined the support they may require to safely evacuate in the event of an emergency. The inspector observed emergency evacuation procedures on display in the hallway.

There were records to demonstrate regular visual inspections by staff of escape routes, fire doors, emergency lighting and fire-fighting equipment and these were reviewed by the inspector for 2024.

The fire alarm was regularly activated and checked, and documentation relating to this was maintained, available and reviewed. The inspector viewed service and maintenance records for emergency lighting, the alarm system and fire fighting equipment for 2024 and found that they had all been serviced and maintained in line with regulatory requirements.

There had been seven fire drills in 2024 and the inspector reviewed these and found that they were completed at different times, and specifically at times when the most residents and least staff were present. 100% of staff had completed fire safety training.

Judgment: Compliant

Regulation 5: Individual assessment and personal plan

The inspector found through the review of four residents' information that there were detailed assessments of need and personal plans in place. There were appropriate systems for assessing their health and social care needs.

Care plans were created and reviewed regularly. Care plans captured the changing needs of the residents and gave clear directions on how to support them best in line with their wishes and preferences.

Judgment: Compliant

Regulation 6: Health care

The inspector reviewed each residents' assessment of need and personal plan and found that their healthcare needs were assessed and healthcare plans were developed and reviewed as required.

They were accessing health and social care professionals in line with their assessed needs such occupational therapy, dietitian, dentist, physiotherapy, GP, clinical nurse specialist in dementia care, and the relevant consultants. A record of all their

appointments was recorded and they were being supported to choose to access the relevant national screening programmes in line with their wishes and preferences.

Judgment: Compliant

Regulation 8: Protection

From a review of the staff training matrix, 100% of staff had completed safeguarding and protection training. The inspector spoke with the person in charge and two staff members and they were each aware of their roles and responsibilities should there be an allegation or suspicion of abuse.

The provider had a safeguarding policy which was available and reviewed in the centre. Safeguarding plans were developed and reviewed as required. Each resident had an intimate care plan in their personal plan folder.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Compliant
Regulation 20: Information for residents	Compliant
Regulation 26: Risk management procedures	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and personal plan	Compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant