

**Health Information and Quality Authority
Regulation Directorate**

**Compliance Monitoring Inspection report
Designated Centres under Health Act 2007,
as amended**



Centre name:	Oakwood
Centre ID:	OSV-0001519
Centre county:	Waterford
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Peter Bradley Foundation Company Limited by Guarantee
Lead inspector:	Conor Dennehy
Support inspector(s):	Raymond Lynch
Type of inspection	Announced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	1

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

Compliance 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 inspection report sets out the findings of a monitoring inspection, the purpose of which was to inform a registration decision. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 05 April 2018 09:00 To: 05 April 2018 15:30

The table below sets out the outcomes that were inspected against on this inspection.

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

Summary of findings from this inspection

Background to the inspection:

This report sets out the findings of an announced inspection to inform a registration decision. The inspection took place over one day and was the third inspection of this designated centre.

How we gathered our evidence:

As part of the inspection the inspectors met with the person in charge, a team leader and two other staff members. The inspectors observed practices and reviewed documentation, such as residents' personal plans and audits, to inform this inspection. Feedback questionnaires were circulated to residents and relatives, by the

provider on behalf of Health Information and Quality Authority (HIQA) prior to the registration inspection. Two completed questionnaires were returned and the inspector spoke with all three residents living in the centre during the inspection. The feedback from residents was one of satisfaction with the service and care provided.

Description of the service:

The provider had produced a document called the statement of purpose, as required by the regulations, which described the service provided. The inspectors found that the service was being provided as it was described in that document. The centre was a spacious six bedroom house located in an urban setting that was within a short walking distance to local shops and amenities

Overall findings:

Overall, the inspector found that residents were supported to enjoy a good quality of life in the centre and their rights were actively promoted. It was also found that there was a clear ethos of maintaining and developing independence for residents.

Good practice was identified in areas such as:

- Residents were supported to engage in meaningful activities of their choice (Outcome 1)
- Residents' health, personal and social needs were met in the centre (Outcome 5)
- Residents were strongly encouraged and supported to learn new skills (Outcome 10)

Areas which required improvement included:

- The fire safety system required upgrading (Outcome 7)
- Management systems in place did not respond to regulatory failings in a timely way and did not ensure that appropriate lease and tenancy arrangements were in place to secure residents' right of access to their home (Outcome 14)

The reasons for these findings are explained under each outcome in the report and the regulations that are not being met are included in the action plan at the end.

Section 41(1)(c) of the Health Act 2007. Compliance 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.

Outcome 01: Residents Rights, Dignity and Consultation

Residents are consulted with and participate in decisions about their care and about the organisation of the centre. Residents have access to advocacy services and information about their rights. Each resident's privacy and dignity is respected. Each resident is enabled to exercise choice and control over his/her life in accordance with his/her preferences and to maximise his/her independence. The complaints of each resident, his/her family, advocate or representative, and visitors are listened to and acted upon and there is an effective appeals procedure.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents' rights were respected within the centre. Residents were actively involved in the running of the designated centre and facilitated to engage in activities of their choice.

Throughout the inspection staff members were observed engaging with residents in caring and warm manner. It was clear that residents were treated with respect and that residents' independence was strongly encouraged and facilitated. The residents who spoke with inspectors indicated that they were happy living in the centre and that they felt well supported.

All residents were consulted about the running of the designated centre. This was achieved by weekly meetings and regular consultation about all aspects of residents' personal lives. If they choose to do so, residents were also actively involved in their personal plans and it was observed that some residents had signed off on sections of their plans.

Residents were strongly encouraged and supported to engage in meaningful activities of their choice. Residents told inspectors of the things they liked to do such attending leisure centres, being involved in drama, playing music and participating in arts and crafts. Numerous examples of such works were on display throughout the designated centre and residents also showed inspectors some of the activities which they were involved in.

Policies and procedures relating to complaints were in operation in the designated

centre. The complaints procedures was on display in the designated centre, a complaints officer was in place and a complaints was being maintained.

Judgment:

Compliant

Outcome 02: Communication

Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

All residents met during the inspection were able to communicate freely with inspectors. Where required additional supports were provided for.

Residents had access to facilities such as telephone and media including television, radio and internet.

Judgment:

Compliant

Outcome 03: Family and personal relationships and links with the community

Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.

Theme:

Individualised Supports and Care

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Residents were actively supported to maintain links with families and friends. Visitors to the centre was actively encouraged while residents were supported to make their own visits away from the centre if they choose to do so. A friend of the residents was observe to visit the centre during the course of the inspection.

Residents had been supported to develop and maintain good links with the local

community. Residents also engaged in numerous activities in the community and availed of community facilities such as attending leisure centres and local supermarkets.

Judgment:

Compliant

Outcome 04: Admissions and Contract for the Provision of Services

Admission and discharge to the residential service is timely. Each resident has an agreed written contract which deals with the support, care and welfare of the resident and includes details of the services to be provided for that resident.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors reviewed a sample of the contracts for the provision of services and found that they accurately described the services to be provided for. However, the exact fees which were to be paid were not clearly stated and some review was required to ensure that the contracts explicitly indicated the services that residents were to pay for.

The provider had policies and procedures in place in relation to the management of admissions. Inspectors reviewed one admission process which had been carried out in 2017 and found that assessments had been carried out, perspective new residents were given an opportunity to visit the centre in advance of moving in and that staff and existing residents were made aware of any incoming admission. Arrangements were also in place for the review of the admission process.

Judgment:

Substantially Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied that the health, personal and social care needs of residents were provided for in the designated centre.

Inspectors reviewed a sample of residents' personal plans during the course of the inspection. It was found that residents had assessments carried out which informed the personal plans. Residents who were assessed with specific needs had plans put in place around these. Staff members spoken to were aware of such needs and how to support residents around these.

As part of residents' personal plans, goals were set out which aimed to increase the independence and skills of residents. Responsibility and timelines for completing such goals were put in place. These goals were reviewed on a regular basis and inspectors saw evidence that once goals were completed, new goals were put in place with the aim on building on the experience or skills which a resident had already obtained.

Inspectors saw records of annual meetings, which were attended by residents and their representatives where feasible. During these meetings personal plans and goals were reviewed. From speaking with residents and reviewing documentation it was clear that residents were actively engaged in their personal plans. For example, it was observed that some residents had signed off on sections of their plans. Reviews of personal plans had multidisciplinary input.

Residents also had access to their personal plans in an accessible format if required.

Judgment:

Compliant

Outcome 06: Safe and suitable premises

The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

The designated centre was a detached six bedroom house, located in an urban setting that was within a short walking distance to local shops and amenities. Within the centre there was also bathrooms, two living rooms, a kitchen, staff facilities and a storage room. All rooms within the centre were observed to be well furnished.

Efforts had been made to give the centre a homely feel, for example various artworks by residents and seasonal decorations were on display throughout the designated centre. Inspectors saw some bedrooms used by residents which were observed to be personalised by residents. Residents were also provided with ample storage in their bedrooms.

The designated centre was presented in a clean manner on the day of inspection and was generally observed to be in a good state of repair. However when reviewing the premises it was noted one bedroom door had some damage to it which had yet to be repaired.

Appropriate facilities were provided for residents to engage in recreational activities and a garden area was available to the rear of the centre.

Judgment:

Substantially Compliant

Outcome 07: Health and Safety and Risk Management

The health and safety of residents, visitors and staff is promoted and protected.

Theme:

Effective Services

Outstanding requirement(s) from previous inspection(s):

Some action(s) required from the previous inspection were not satisfactorily implemented.

Findings:

The designated centre did not have adequate fire safety systems in place.

Fire extinguishers were present in the designated centre and were being serviced at the required intervals. Records indicated that both staff and residents had been provided with training in the area of fire safety. Residents spoken to were aware of the steps to be taken if an evacuation of the centre was required. Fire drills were being carried out at regular intervals and documented while internal staff checks were being carried out on a regular basis. Fire exits were observed to be unobstructed on the day of inspection.

The previous inspection of this centre in November 2016 had found that there were no fire doors, no emergency lighting and no integrated smoke and heat detecting fire alarm system present in the designated centre. Since this inspection the provider had installed two fire doors, one compartmentalizing the kitchen area from the living area and the

other separating the living area from residents' bedrooms.

However, at the time of this inspection, the fire detection system consisted of battery operated smoke detectors while one battery operated heat detector was installed in the kitchen area following completion of this inspection. There continued to be no emergency lighting in operation in the designated centre. In addition, in line with recently published national fire safety guidance, the provider had not carried out an assessment to determine to what extent further fire doors and compartmentalisation was in compliance with this guidance. No additional fire doors had been installed in the designated centre since the work carried out after the 2016 inspection. At the outset of this inspection the person in charge informed inspectors that funding had not available to enable the required fire safety upgrades to be carried out.

It had been found during the previous inspection that the risk management policy did not include all of the requirements of the regulations. Since then the risk management policy had been updated. Inspectors reviewed a sample of residents' personal plans and noted that they contained detailed risk assessments if required. Staff members spoken to demonstrated a good understanding of risks relating to the centre.

Systems were in place for the recording and review of any accidents and incidents while a safety statement was also in place. Regular health and safety audits were also being carried out.

Judgment:

Non Compliant - Major

Outcome 08: Safeguarding and Safety

Measures to protect residents being harmed or suffering abuse are in place and appropriate action is taken in response to allegations, disclosures or suspected abuse. Residents are assisted and supported to develop the knowledge, self-awareness, understanding and skills needed for self-care and protection. Residents are provided with emotional, behavioural and therapeutic support that promotes a positive approach to behaviour that challenges. A restraint-free environment is promoted.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Overall inspectors were satisfied that measures were in place to protect residents from being harmed or suffering abuse. Residents were observed to be comfortable and relaxed in the presence of staff during the course of inspection. Training records reviewed indicated all staff had received training safeguarding training. Staff also emphasised to inspectors the open culture that existed within the centre. Detailed

intimate care plans were also in place and inspectors saw evidence that residents had been provided with education regarding safeguarding.

Risk assessment and care plans in relation to the behaviours of residents were in place where necessary. Inspectors reviewed a sample of these plans and found them to be sufficiently detailed to guide staff in supporting residents with their behaviour. From talking to staff members present during the inspection it was evident that staff were aware as to how to support residents if required. Appropriate monitoring arrangements were in place along with input from relevant allied health professionals if required.

A policy relating to restrictive practices was in place. Quarterly notifications submitted to HIQA indicated that no restrictive practices were in use in the centre and inspectors did not observe any such practice during the course of this inspection.

Judgment:

Compliant

Outcome 09: Notification of Incidents

A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.

Theme:

Safe Services

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

During the course of the inspection, inspectors were made aware of a safeguarding issue relating to one resident living in the centre. Although inspectors saw evidence which indicated that this issue had been appropriately responded to, this matter had not been notified to HIQA within the required timeframe.

Judgment:

Non Compliant - Moderate

Outcome 10. General Welfare and Development

Resident's opportunities for new experiences, social participation, education, training and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

From speaking to residents and staff, observing practice and reviewing documentation it was evident that there was a strong emphasis in the designated centre of building the independence and maximising the potential of residents. Examples of this included meaningful goal setting and there was evidence that such goals were achieved by residents with support from staff if required.

Residents had made significant progress in regaining independence, for example some residents participated in activities in the community with reduced staff support as time progressed. Residents were also strongly encouraged and supported to learn new skills and to pursue educational activities which were of interest to them such as computer courses.

Judgment:

Compliant

Outcome 11. Healthcare Needs

Residents are supported on an individual basis to achieve and enjoy the best possible health.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors saw evidence that residents' healthcare needs were being appropriately provided for.

As part of the personal planning process in operation in the centre each resident had assessments carried out for various health related issues. Where required a plan of care was put in place which clearly outlined the supports that a resident was to receive. From reviewing residents' personal plans it was clear that residents' healthcare needs were kept under regular review and updated if there was a change in circumstances. Staff members spoken to on the day of inspection demonstrated a good understanding of resident's healthcare needs and how to support them.

Residents were also facilitated to attend appointments with allied health professionals such as general practitioners and dentists, where required. Detailed records were maintained of such appointments along with a schedule of appointments and details of any referrals that had been made. During the inspection the status of one appointment

with an allied health professional was queried by inspectors but this was satisfactorily addressed by the team leader during the inspection.

Inspectors saw evidence that residents were supported to buy, prepare and cook their own meals if they wished to do so. Residents were actively involved in choosing their meals for the week ahead with one resident outlined to inspectors how they chose and bought their own food each week. Evidence was also seen of how another resident was actively supported to buy their own food with appropriate support provided by staff. The storage facilities in the centre were reviewed and found to be suitable to store food hygienically.

Judgment:

Compliant

Outcome 12. Medication Management

Each resident is protected by the designated centres policies and procedures for medication management.

Theme:

Health and Development

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Secure facilities for the storage of medicines and appropriate procedures were in place to ensure that residents were provided for in this area.

Inspectors reviewed the storage facilities provided for medication and observed them to be secure and organised. Arrangements were also in place for the monitoring of stock levels with records of stock level checks seen by inspectors during the course of the inspection. A sample of prescription and administration records were reviewed by inspectors. It was found that the required information such as the medicines' names, the residents' date of birth and the name of relevant general practitioner were contained in these records.

Policies relating to medicines management were available in the centre while audits of medicines management had been carried out. Medicines were administered by staff who had received training in this area. Systems were in place for the reporting and review of medicines errors. Inspectors were satisfied that where any errors had occurred appropriate action was taken in response.

Residents were encouraged and supported to self-administer their own medicine if they choose to do so.

Judgment:

Compliant

Outcome 13: Statement of Purpose

There is a written statement of purpose that accurately describes the service provided in the centre. The services and facilities outlined in the Statement of Purpose, and the manner in which care is provided, reflect the diverse needs of residents.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

A statement of purpose was in place which accurately described the nature of the service that was provided in the centre and contained all of the information as required under the regulations.

Judgment:

Compliant

Outcome 14: Governance and Management

The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

While the provider had systems and structures in place to ensure the centre was effectively overseen and run on a day to day basis there were was a failure to manage two significant areas. The provider had not progressed failings relating to fire safety and had failed to ensure that appropriate lease and tenancy arrangements were in place to secure residents' right of access to their home.

A clear management structure was in place within the designated centre which was

known to staff and residents. A suitably skilled, experienced and qualified person in charge was in place who was aware of the needs of residents living in the centre. The person in charge worked full time and was responsible for this designated centre only. They were supported in their role by a team leader who was present in the centre on the day of inspection and discussed with inspectors the running of the centre. As evident by the compliance levels found on this inspection, residents' quality of life was supported by the governance arrangements in place within the designated centre.

Systems for auditing were in place in the designated centre and inspectors saw records of completed audits in areas such as health and safety and medicines management. The provider had carried out two unannounced visits to the centre within the previous 12 months most recently in November 2017. Reports of these unannounced visits had highlighted the need for upgrading the fire alarm system but, as highlighted under Outcome 7, this had not been carried out. An annual review for 2017 had also been conducted. While this was observed to include input from residents and their representatives, it was noted that this input had been obtained in 2016.

The provider had not demonstrated the capacity to effectively respond to an important regulatory failing. In response to the previous inspection in November 2016, which raised concerns about fire safety, the provider had committed to upgrading fire safety systems by 31 July 2017. The person in charge outlined that tenders to carry out the required works had been received and a request for funding had been made. However, at the time of this inspection, the upgrading work had not been carried out and therefore the finding under Outcome 7 remained unchanged.

In addition, when reviewing registration documentation for this centre, it was noted that the premises which comprised this centre was leased but it was unclear how long this lease was in place for. This was queried during the inspection and it was not demonstrated that long term arrangements were in place to secure residents' right of access to their home. The person in charge outlined that efforts were being made to obtain a new lease which would address this issue. However, this had not been agreed at the time of inspection. Inspectors were informed that, it was the provider's intention to provide a new purpose built premises where no lease arrangement would be required. However, works on this proposed new premises, had yet to commence and no indication was provided at the time of this inspection as to when these would begin.

The information provided regarding the lack of progress regarding fire safety works, the uncertainty over the lease arrangements and the lack of clarity over the proposed move to another premises did not provide adequate assurance that the provider had management systems in place to respond to highlighted regulatory failings and to ensure that the service provided was safe and effectively monitored.

Judgment:

Non Compliant - Major

Outcome 15: Absence of the person in charge

The Chief Inspector is notified of the proposed absence of the person in charge from the

designated centre and the arrangements in place for the management of the designated centre during his/her absence.

Theme:

Leadership, Governance and Management

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

There had not been any period of an absence of the person in charge which required notification to HIQA. In the event of this happening there were appropriate deputising arrangements in place.

Judgment:

Compliant

Outcome 16: Use of Resources

The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.

Theme:

Use of Resources

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Based on the findings of this inspection, inspectors were satisfied that the provider was effectively using the resources that were available to them to ensure that residents enjoyed a quality service. For example, there were adequate staffing numbers available to support residents and transport was available to enable residents to attend activities away from the centre.

Judgment:

Compliant

Outcome 17: Workforce

There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:

Responsive Workforce

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Throughout the inspection staff members were observed engaging with residents in caring and warm manner. It was evident that staff were committed to their roles and had a strong knowledge of the residents and their needs.

Inspectors were satisfied that there were appropriate numbers of staff available in the centre to meet the needs of residents. From speaking to residents and staff it was clear that there was a continuity of staff provided for in the centre. This was supported by a review of planned and actual rosters which were maintained in the centre.

A sample of staff files were reviewed by inspectors which were found to contain all of the information required such as evidence of Garda vetting and two written references. Files, which included Garda vetting, were maintained in relation to volunteers involved with the centre. Arrangements were also in place for staff and volunteers to receive supervision from the person in charge or the team leader.

Training records were reviewed and it was noted that all staff had been provided with up-to-date training in areas such as fire safety and safeguarding.

Judgment:

Compliant

Outcome 18: Records and documentation

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 are maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. The designated centre is adequately insured against accidents or injury to residents, staff and visitors. The designated centre has all of the written operational policies as required by Schedule 5 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

Theme:

Use of Information

Outstanding requirement(s) from previous inspection(s):

No actions were required from the previous inspection.

Findings:

Inspectors read a copy of the residents' guide which contained all of the information as required by the regulations. Inspectors also reviewed the list of policies required under the regulations and noted that these policies had been reviewed within the last three years. A directory of residents was also in place. All other documents requested by inspectors were available in the designated centre.

Judgment:

Compliant

Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

Conor Dennehy
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Peter Bradley Foundation Company Limited by Guarantee
Centre ID:	OSV-0001519
Date of Inspection:	05 April 2018
Date of response:	11 May 2018

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance 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.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

The exact fees which were to be paid were not clearly stated in contracts for the provision of services and some review was required to ensure that the contracts explicitly indicated the services that residents were to pay for.

¹ The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.

1. Action Required:

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

Please state the actions you have taken or are planning to take:

Fee's to be charged are now included in all service level agreements. A list of what those fee's cover are also included in the residents Service Agreements.

Proposed Timescale: 30/04/2018

Outcome 06: Safe and suitable premises

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

One bedroom door was observed to have some damage to it.

2. Action Required:

Under Regulation 17 (1) (b) you are required to: Provide premises which are of sound construction and kept in a good state of repair externally and internally.

Please state the actions you have taken or are planning to take:

Door Repaired

Proposed Timescale: 30/04/2018

Outcome 07: Health and Safety and Risk Management

Theme: Effective Services

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

The provider could not demonstrate that appropriate fire safety arrangements had been made for detecting fire, for providing emergency lighting in the event of fire and for providing appropriate compartmentalisation, including fire doors.

3. Action Required:

Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

Please state the actions you have taken or are planning to take:

- Issue highlighted to HSE locally –
- Review staffing rosters to ensure safe provision of care
- Issue highlighted to HSE National Disability Specialist: Operations in a conference call

- Installation of fire safety management system

Proposed Timescale:

Roster Review: 30/4/18

Local HSE Notification: 30/4/2018

National HSE Notification: 03/05/18

Installation of fire safety management system: 30/06/18

Proposed Timescale: 30/06/2018

Outcome 09: Notification of Incidents

Theme: Safe Services

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:

An incident of a safeguarding nature had not been notified to HIQA as required.

4. Action Required:

Under Regulation 31 (1) (f) you are required to: Give notice to the Chief Inspector within 3 working days of the occurrence in the designated centre of any allegation, suspected or confirmed, abuse of any resident.

Please state the actions you have taken or are planning to take:

- Local Team Safeguarding training will be fully completed for all staff by 18/05/18
- All safeguarding concerns will be reported within the mandatory 72 hours to HIQA as an NF06, as well as the HSE Safeguarding team with action plans followed as appropriate.

Proposed Timescale: 18/05/2018

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

The managements systems in place had not adequately responded to identified regulatory failing regarding fire safety. The provider had failed to demonstrate that appropriate lease and tenancy arrangements were in place to secure residents' of access to their home.

5. Action Required:

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

Please state the actions you have taken or are planning to take:

Please note that this service has been home to the residents for many years. Moving house has been shown in research to be extremely stressful, second only to bereavement. Individuals with an acquired brain injury are at much higher risk than the normal population to develop mental health issues so you can appreciate that any move to close the service, which has operated without incident for many years, will not only be stressful but likely distressing with a detrimental effect on the current residents and given the clear pathway outlined below, unnecessary.

The plan contained within this document is clear, realistic and time-bound. ABI Ireland takes its responsibilities under the Health Act very seriously. For a number of years we have been, and continue to actively seek to resolve the critical issue but the progression to date has been due to third party issues, funding and not ABI Ireland. However now that there is agreement with Waterford Co. Co. and following discussions with the HSE at National level, we have a clear mile-stoned roadmap. In addition, we have been very lucky in sourcing an alternative location for the service.

- Landlord of Oakwood has been contacted and a request for a 3 year lease has been requested
- Concurrent process of new build with Waterford Co.Co. Funding & plans approved.
- Fire safety system installation
- Actively seek an alternative suitable accommodation with the guarantee of a 3 year lease available
- HIQA registration of new leased property
- Completion of new build
- HIQA Registration of new build
- Relocation of service on a permanent basis

Proposed Timescale:

Lease Extension request : 30/4/18

Alternative accommodation sourced: 15/5/18

Agree three year lease: 30/5/18

Fire safety system installation: 30/06/18

Application for registration for new residence: 30/06/18

Full relocation of service: 30/9/18

Application to register new build: 31/12/19

Relocation to Registered new build: 31/03/20

Proposed Timescale: 31/03/2020

Theme: Leadership, Governance and Management

The Registered Provider (Stakeholder) is failing to comply with a regulatory requirement in the following respect:

The annual review for 2017 had not provided for up to date consultation with residents.

6. Action Required:

Under Regulation 23 (1) (e) you are required to: Ensure that the annual review of the quality and safety of care and support in the designated centre provides for consultation with residents and their representatives.

Please state the actions you have taken or are planning to take:

- Annual report for the Service (2017) has been updated to include most recent feedback from both USPEQ (2017) and Family Satisfaction Surveys (2017)
- There will be an annual service specific review, outside of the anonymised overall organisational review, which will also be informed with consultation by residents and their representatives

Proposed Timescale: 31/12/2018