

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	A designated centre for people with disabilities operated by Peter Bradley Foundation Limited
<b>Centre ID:</b>	OSV-0001526
<b>Centre county:</b>	Co. Dublin
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Peter Bradley Foundation Limited
<b>Provider Nominee:</b>	Stevan Orme
<b>Lead inspector:</b>	Noelene Dowling
<b>Support inspector(s):</b>	Valerie McLoughlin
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	5
<b>Number of vacancies on the date of inspection:</b>	0

## **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 2 day(s).

**The inspection took place over the following dates and times**

From:	To:
11 February 2015 10:30	11 February 2015 20:00
12 February 2015 08:30	12 February 2015 14:30

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**

This was the first inspection of this centre which is designated as a centre for adults with disabilities. The purpose was to inform the decision of the Authority in relation to the application by the provider for the registration of the centre. All documentation required for the registration process was provided. Inspectors observed practices and reviewed the documentation such as personal plans, medical records, accident logs, meeting records policies and procedures and staff files.

The service is part of a number of assisted living centres provided and managed by Acquired Brain Injury Ireland. It is funded via individual service level agreement with the Health Services Executive (HSE) and provides rehabilitative and long term care

for five adults.

The inspection found that the provider was compliant in a significant number of areas and demonstrated commitment to achieving this. There was evidence of good governance. Both provider and person in charge demonstrated their fitness and commitment to meet the requirements of the Regulations.

There is a suitably qualified person in charge and team leader available with systems for monitoring the quality and safety of care. The findings indicate that residents' social and care needs were well supported and that personal plans were person-centered, focused and delivered upon. There was a commitment to resident's rights and self determination and a balanced approach to risks. Conversations with resident and questionnaires received indicated a high degree of satisfaction with the service provided, the accommodation, access to other services and a good relationship with the managers and staff.

There were areas of non compliance identified in the following areas;

revision of the statement of purpose

risk management policy and implementation of risk management strategies

safe recruitment procedures

planning for and adherence to residents health care needs

fire safety management procedures

suitability of the premises to meet the continued needs of the residents.

The provider was requested to consider how to ensure that staff had sufficient guidance to support residents' identified health care needs on a daily basis.

The actions required to achieve compliance with the Health Act (Care and Support of Residents in Designated Centres ( Children and Adults) With Disabilities Regulations 2013 are outlined at the end of this report.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors were satisfied that the person in charge was committed to upholding residents rights and to providing care according to their own wishes and needs.

There were a number of systems used to protect resident rights and these included regular meetings and informal day-to-day consultation with residents and their relatives .The activities programs and choice of routines were primarily dictated by the residents own preferences and support was available to enable these to be implemented.

There was evidence that the residents were involved in their personal rehabilitative plans and longer term goals. Their consent was sought for sharing of information with the staff and other clinicians involved in their care. Residents confirmed this fact with inspectors and stated that staff provide them with information and clarity so that they understand their care needs and can made choices

At their own discretion, they could decide on menus, participate in shopping, manage their own financial independence and see their General Practitioners (GP's). All bedrooms had thumb locks which the staff had keys to in the event of emergencies. All residents also had keys to the front door and could be given access to a private phone. The systems for the support and management of resident's monies were satisfactory including situations where the provider acted as agent on the resident's behalf. There was a lack of clarity as to the process used for assessing the resident's capacity to give consent in regard to financial management and the regional manager agreed to review this .Residents were aware of their rights, and a Right's Charter was displayed in the centre. Staff communicated respectfully and treated residents in a dignified manner during the inspection.

Complaints were addressed transparently. The policy on complaints requires clarity as to the designated persons responsible and their role in either managing or overseeing the process and this is actioned under Outcome 18 Records and Documentation. While advocacy is available there is no direct link for the residents to access this service. The person in charge agreed to review this.

**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:**

There were systems in place to help resident communicate and staff to understand their style of communicating including their non verbal communication. Assistive technology such as computers and iPods were used used and individual systems such as picture cards and prompts were identified for the residents. Large face clocks and white picture boards were used to ensure residents could see the time and be familiar with their daily routines and schedules.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors were satisfied that the provider was in compliance with this requirement and that there was a commitment to supporting and maintaining resident's familial and

significant relationships. Questionnaires received from family members expressed their satisfaction with the care provided and the support offered to them and their relatives. There was evidence of appropriate consultation and sharing of information with the residents next of kin.

Family meetings attended by the resident and significant family members were held to review progress and to agree proposed changes to the care programme. Records and conversations also indicated that the range of support offered took account of the need to support relationships.

Residents were encouraged and facilitated by staff to go for overnights, holidays home and attend family events. There was also evidence that family members were kept informed on an ongoing basis of any incidents or changes in residents care needs. The location of the centre means that residents have easy access to local community, shops and transport, day care and doctors and were observed using all of these during the inspection. There was also a vehicle available to access other locations or events. Friends and acquaintances were encouraged and visitors were welcome. Communal areas or the bedrooms could be used for privacy. The local communities were invited to attend function in the centre.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There was a detailed pre-admission process which included a detailed assessment of the resident based on agreed criteria. Referrals can be made from health care professionals or individuals. There was evidence that residents did visit the centre and that a transition process was undertaken prior to making the decision to move to the centre. There were systems to ensure that if residents required admission or transfer to other services detailed information was available. There was an agreed contract which detailed the services and the fees to be paid for this service. An Action in relation to the Statement of Purpose for this centre is outlined under Outcome 13.

**Judgment:**

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):**

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors found the social, and emotional care needs of residents were regularly assessed by staff and relevant clinicians and that personal plans were made to ensure that these were relevant and were followed through on. There was evidence that residents were involved and consulted in regard to the care and rehabilitative needs. However, inspectors did not find that the plans were sufficient in the assessment; planning and adherence to directions regarding some residents identified health care needs.

There was documented evidence that each resident's health, personal and social care and support needs were fully assessed before admission, and annually following this. The personal plans were entitled "individual rehabilitative plans". The plans were found to be comprehensive, with regular reviews including a multi-disciplinary input from allied health services. There were monthly reviews for each resident with an annual multidisciplinary review held which included the relevant clinicians the resident and family members. A three monthly review also took place.

There were documented procedures on each file that outlined the supports for social and educational, personal and skill based development and these were very comprehensive and could be seen to be followed by staff. There was a transition plan evident for a resident to move to a less structured environment and the apartment was used to provide a step-down facility for residents while still being supported.

There was evidence that outcomes were reached and further plans and goals were identified. The residents have direct access to relevant services including day care which focused on supporting their rehabilitation, cognitive, physical and life skill and social development. The staff in the centre also undertake this work with residents on a daily basis.

However, the plans did not provide sufficient guidance for the management of some



health care needs of the residents such as catheter care, prevention of pressure areas and epilepsy if emergency treatment was required. Inspectors found that there was a need for additional guidance or input from nursing staff as to residents healthcare needs and how to implement plans to ensure that these needs were met. Additionally the residents behaviour supports needs were not clearly identified in the personal plans.

Inspectors found residents were supported to move between services and into the community with well planned supports. There were risk assessments carried out and various training processes were implemented to support the residents.

**Judgment:**

Non Compliant - Moderate

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Some improvements are required to ensure the premises is suitable to meet the needs of the residents in terms of safe access and egress, the use of the stairs, suitability of the kitchen and general cleanliness and refurbishment. The centre is comprised of a two-story detached house and is situated in a residential area close to transport services, local shops, churches and the community. It is indistinguishable from neighbouring houses.

The accommodation consists of a large sitting room, dining room and small kitchen. There is a self-contained apartment which is of a suitable size and satisfactorily equipped with kitchen, bedroom, living, bathing and sleeping accommodation. There is suitable heating lighting and ventilation available. A garden is available to the rear.

There are restrictions and safety concerns in the premises. There is no ramp to either the front or back door and to access the garden to the rear residents have to be able to negotiate three steps safely. As the laundry is also located in the garden this prevents a resident from accessing this independently. The rear door contains a rise which involves residents having to lift a walking aid over it to enter or leave. The stairs also present a risk to residents whose mobility is compromised or who require mobility aids.

While there is a toilet on the ground floor, this is not usable as the boiler is located directly on top of the cistern and residents may injure themselves if using this. Therefore during the day the residents have to negotiate the stairs to access their en suite toilet.

The kitchen requires significant upgrading to ensure standards of hygiene are maintained and residents can use the kitchen safely. No adjustments have been made to the presses in terms of ease of access. The size and layout of the kitchen means that if a resident is using a walking frame only one person at a time can use the kitchen to prepare meals and access the equipment and presses. These factors mitigate against the training and rehabilitative function of the service.

The residents bedrooms are spacious and comfortable with suitably equipped en suites and sufficient space for personal belongings and mementoes.

There are two staff offices/combined sleepover rooms with en suite.

**Judgment:**

Non Compliant - Moderate

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

There were systems in place to promote the safety of residents but some improvements were required in the overall implementation of strategies to prevent accidents and injury to residents. The risk management policy was generic and did not contain guidance of relevance in relation to the matters identified by the regulations. While a risk register was maintained it was primarily environmental and organisational and did not demonstrate recognition of the number of risks pertinent to the residents including potential for falls or risks in the premises.

Each resident had a generic risk assessment document completed which governed a number of issues such as medical needs, physical and behavioural limitations, building hazards, activities of daily living and psychosocial needs. However the information provided did not demonstrate a full assessment of the risks and put appropriate remedial actions in place to control them for some residents. This was relevant to limitations in the premises.

There were also risks identified in the management of fire safety systems. This included adherence to servicing of vital equipment such as the emergency lighting and the fire

alarm. The lighting had only been serviced once which was in February 2015 and never prior to this. The fire alarm was not serviced according to requirements. The fire extinguishers were serviced annually as required. There was a fire alarm in the external laundry room but inspectors could not ascertain if this was connected to the main alarm system and would alert staff to a fire.

Staff had fire training and monthly drills were held to ensure they were familiar with the systems. Residents informed inspectors' that they knew what they had to do when the alarm went off including get out of bed and leave the house.

The emergency plan was satisfactory and included the arrangements for the interim accommodation of the residents should this be required.

The car available was serviced regularly and there was evidence of road-worthiness and insurance. No hoists were required in the centre but residents had assistive devices.

There was a signed and current health and safety statement available. A centre-specific missing person procedure was also in place. A health and safety review of the premises was undertaken monthly and an external health and safety review was undertaken annually. There were local infection control guidelines available in addition to the policy on infection control. Personal protective equipment, hand gel dispensers and suitable storage bags for laundry was available.

The provider had an external consultant undertake a review of the premises in 2014. A number of the recommendation made were in relation to fire safety including the fact that access from the downstairs apartment was not suitable in the event of fire and an additional door for exiting should be installed. There were individual personal evacuation plans in place for each resident posted at suitable locations should they be required by the emergency services although the evacuation plan for the apartment did not count of the unsuitability of the exit. This report also stated that the kitchen should be protected by a fire door. Neither of the actions had been completed.

The premises are a two story building with four residents accommodated upstairs and one in the ground floor self contained apartment. Examination of the individual risk assessments of the residents found that the use of the stairs by them had not been sufficiently accounted for in relation to their mobility status and capacity to use them safely. An additional hand rail had been installed but staff informed inspectors that they were in fact going down the stairs in front of a resident in order to prevent a fall. This was not included in the risk management plan for the resident and could also place staff at risk of injury. A reassessment of the resident's capacity had not been undertaken since admission.

The person in charge maintained a record of accident and incidents and inspectors were satisfied that action were taken to try to prevent any re-occurrences when they did occur. This concluded the use of an emergency alarm by one resident.

**Judgment:**

Non Compliant - Moderate

## **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):**

This was the centre's first inspection by the Authority.

### **Findings:**

Inspectors reviewed policies and procedures for the prevention, detection and response to allegations of adult abuse and found that they were satisfactory and demonstrated an awareness of the role of external services and reporting mechanisms in this matter. The regional manager demonstrated an awareness of the appropriate procedures to follow in carrying out any investigation. Staff were able to articulate their understanding and responsibilities in relation to this. Inspectors were informed that no concerns or allegations of this nature had been raised.

In addition, there were procedural guidelines on lone working and the provision of personal care to residents. The latter required review as it did not sufficiently guide staff in relation to maintaining residents dignity and their preferences for how such care would be carried out. Records demonstrated that staff had received training in the prevention of and response to abuse in 2013. This also constitutes a significant part of induction training for staff.

There was a policy on the management of behaviour that is challenging and the use of restrictive procedures. Both were satisfactory and demonstrated an understanding of the ethical issues involved and the need for staff to understand the meaning behind the behaviours pertinent to the residents. The person in charge stated that no form of restraint including medication was utilised and strategies such as reasoning and consultation were implemented to support residents. Inspectors saw no evidence that any such procedures were used.

Records and interviews indicated that some behaviours present as challenging though these are not a significant feature of this service. The staff were able to articulate the most supportive strategies to use demonstrate a good understanding of the meaning of the behaviours and the communication needs of the residents. There was evidence of clinical review and advice to staff in managing this. It was apparent that staff were compassionate and professional in their support of the residents. However, these were not documented in the care plans for the residents. This is actioned under outcome 5 Health and Social Care needs.

<p><b>Judgment:</b> Substantially Compliant</p>

<p><b>Outcome 09: Notification of Incidents</b> <i>A record of all incidents occurring in the designated centre is maintained and, where required, notified to the Chief Inspector.</i></p>
<p><b>Theme:</b> Safe Services</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre’s first inspection by the Authority.</p> <p><b>Findings:</b> From a review of accident and incident reports and notifications made to the Authority, inspectors were satisfied that the person in charge had complied with her obligations to notify the Authority according to the requirements.</p>
<p><b>Judgment:</b> Compliant</p>

<p><b>Outcome 10. General Welfare and Development</b> <i>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.</i></p>
<p><b>Theme:</b> Health and Development</p>
<p><b>Outstanding requirement(s) from previous inspection(s):</b> This was the centre’s first inspection by the Authority.</p> <p><b>Findings:</b> Inspectors were satisfied that residents’ general welfare and development was promoted and facilitated. Many of the residents attended a number of appropriate day services which provided a range of activities and these were focused on rehabilitation, training and development. Residents told inspectors that they enjoyed attending the day services as it gave them an opportunity to be involved in things they liked doing and meeting up with friends and developing skills.</p> <p>Residents also told inspectors that they were supported by staff to pursue a variety of interests, including going shopping, attending art and ceramics classes, using mind</p>

improvement games and also having some quiet uninterrupted time. and ensuring their personal care needs such as hairdressing were managed.

Inspectors found that residents were provided with opportunities to accessing on-going education in the community, and this was recorded in the president's personal goal plan according to the resident's needs and capacity. Training in accessing local transport and getting to know the geographical area were provided to ensure residents could access the community and maintain their own developmental needs. All of the above systems were congruent with the rehabilitative focus of the care provisions.

**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 were satiated that residents healthcare needs were met but there were areas for improvement required in the personal planning and implementation of health care supports which were experienced by the residents such as the management of epilepsy and catheter care. These are actioned under outcome 5 Social Care needs.

There was very good access to both general practitioners (GP) services and a range of allied health services as appropriate to the residents needs. Residents confirmed that they can attend their GPs either in the surgery or in the centre if access to the surgery is difficult. Records of these appointments are maintained in the surgery but there was a detailed report of the outcome of any appointments documented by the staff in the centre. Residents had provided signed consent for this record to be maintained and for the information to be shared with the staff.

There was evidence of referral and consultation with allied services as required by the residents needs, including occupational therapy and mental health specialists, dentistry and opticians. There was an emphasis on the rehabilitative aspect including physiotherapy, occupational therapy services and psychological services. There was no satisfactory end of life policy in place although the person in charge stated that they did not envisage this being a service that they could offer.

The person in charge acknowledged that systems for health promotion including dietary advice are required. They were in the process of developing a policy in relation to this

and the dieticians would be involved in this. Staff tried to encourage residents to eat healthily but all acknowledged that this aspect had not been developed sufficiently.

Residents help to prepare their own meals and were supported by staff in this depending on the physical capacity to do so. A number of residents had specialised dietary requirements and these were seen to be adhered to.

It is acknowledged that referrals were made to dieticians and regular reviews were undertaken where this was deemed necessary. However, there was no guidance as to how dietary needs /weights were being managed and at what point a referral for review was to be made which could be a risk to the residents. Policy did not sufficiently guide this practice. This is actioned under Outcome 8 Records and Documentation.

Inspectors also found that a detailed recommendation of the speech and language therapist had been documented in several records but was not being implemented. The rationale for this deviation was not apparent.

**Judgment:**

Non Compliant - Moderate

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors found there was a comprehensive medication management policy in place to guide practice which staff adhered to.

The care staff were trained to administer medications and inspectors found they were knowledgeable about safe administration of medication.

Inspectors found good practice in medication management that promoted residents preferences and independence. Each resident had a personal medication plan maintained by staff in residents' individual medication folder which outlined how they preferred to take their medications and at what time.

While there was no resident self-medicating, staff encouraged residents to open medication blister packs and to take their medication independently with supervision.

Inspectors reviewed the prescription record and medication administration records for residents and found that the documentation was complete and where medication was

not taken as prescribed, the reason was recorded.

Where medications were prescribed as required (PRN) the maximum dose and the reason for its use was prescribed.

All residents medications were reviewed six monthly by the GP, or more frequently if required. Discontinued medications were individually signed and dated by the GP.

Medication was stored safely in a double locked cupboard. Some residents go home on a regular basis, and there were suitable arrangements in place for sending the correct medication with the resident. Regular medication management audits were held and actions were taken to ensure that any discrepancies were resolved.

There was a documentary system in place for recording all medications received and returned. Staff told inspectors that the pharmacist was available to provide advice as required. There were no medications that required strict control measures (MDAs) in place during the inspection but systems were in place should they be required.

**Judgment:**

Substantially 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):**

This was the centre's first inspection by the Authority.

**Findings:**

The statement of purpose was found not to be fully compliant with the regulations as it outlined care needs which could not be met within the current premises, namely that the centre could accommodate wheelchairs users. It did not clearly stipulate the physical or health care needs of the residents which the centre can accommodate given the type of accommodation available.

**Judgment:**

Substantially 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):**

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors were satisfied that the governance arrangements were satisfactory and that care practices and outcomes were adequately monitored and reviewed. The person in charge was suitably qualified. She is also the person in charge of another designated centre within the organisation. There was no evidence that this arrangement impacted negatively on the management of the centre. The arrangements for her presence in both centres were clearly defined. There was also a suitably qualified and experienced team leader who shares management responsibility for care and supervision of staff. Both demonstrated their understanding of and adherence to their responsibilities and duties. There was also systems of supervision and monitoring of staff to ensure they exercise their own professional responsibilities.

Inspectors noted that the person in charge was actively engaged in the governance, operational management and administration of the centre and met with the regional manager circa four to six weekly. There was an agreed and documented reporting mechanism. The regional manager undertook two annual reviews of care practices, resident plans and outcomes. The provider also undertook two unannounced visits to the centre each year following a detailed self assessment by the person in charge. The person in charge and the regional manager were observed to be well known the residents and all were familiar with the needs and wishes of the residents. Staff and residents were clear on the management structure and on the management structure. There was an effective and documented on-call system in operation.

There was evidence that any accidents or incident were reviewed and remedial actions taken to prevent re-occurrences. An annual audit of all the services in the organisation was undertaken specifically focused on ascertaining the views of the residents and relatives. The audit tool as seen was comprehensive. However, while the data was available it had not as yet been compiled to provide a full annual review of this service but will provide sufficient information to so.

**Judgment:**

Compliant

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

The team leader was nominated to provide cover in any periods of absence of the person in charge including annual leave and any absences which requires notification to the Authority. The arrangements are satisfactory.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Basic services including adequate heating, transport, food access to relevant services and staff training were available and well utilised. Inspectors found that some improvements were required in the availability of guidance for staff or skill mix in relation to healthcare needs and the finances to maintain and make the necessary adjustments to the premises were not satisfactory. These are actioned under the relevant Outcomes.

**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):**

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors were satisfied from observation and records available that the numbers and staff were satisfactory for the needs of the residents but that some improvements were required in the availability of nursing support or guidance to ensure that all of the needs of the residents could be met. There was also an improvement required in the recruitment processes utilised. There was an actual and planned rota.

There were two staff available at all times with two sleepover staff at night. There was a commitment to ensuring that mandatory training was undertaken with all staff having up to date training in fire safety and the protection of vulnerable adults Manual handling was also up to date for staff. Staff were also trained in first aid. Additionally, staff had regular access to a range of additional training which was pertinent to the needs of the resident population. This included food hygiene, diabetes awareness, management of behaviour that challenges , working with families cognitive and communication difficulties.

The staff group have professional training across a range of different disciplines including social care, psychology, behaviour support and FETAC training which is relevant to the diverse needs of the residents. Inspectors noted that staff were fully aware of the policies and procedures and had a sufficient understanding of the regulations and Standards.

There were staff available at all times to support residents with transport and appointments and chosen activities.

From a review of a sample of personal files some improvements were required in safe and effective recruitment practices. There was a lack of proof of identity and two written references were not available or evidence of stated qualifications were not available. There was a detailed induction programme, four monthly supervision and annual staff appraisal systems in place. A review of the records of these indicated that residents care was prioritised and staff training and developments needs were also addressed. Staff were found to be committed professional in their approach and articulated their various roles competently.

There were good systems for ensuring care provision was consistent. Regular staff meetings were held and the minutes reviewed by inspectors indicated that the focus was on resident care and progress. Inspectors also attended a daily handover and the information relayed was comprehensive.

As the findings in Outcome 11 Health Care and Outcome 5 Social Care indicate there is evidence that some access to nursing support, or additional guidance for the staff would be of benefit to the skill set available. This was discussed at the feedback meeting for

the providers attention.

**Judgment:**

Substantially 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):**

This was the centre's first inspection by the Authority.

**Findings:**

Inspectors found that records were accurate, up-to-date, maintained securely and easily retrievable. The directory of residents was in compliance with the regulations. However, improvements were identified in relation to the policies in place.

A small number of written operational policies as required by Schedule 5 of the Regulations were not in place. These included the visitors policy, access to education and training. Some of the policies in place required amendment to guide staff practice such as the complaints policy, risk management policy, the end of life policy, intimate care and the food and nutrition policy.

An up-to-date insurance policy was in place for the centre which included cover for resident's personal property and accident and injury to residents in compliance with all the requirements of the Regulations.

**Judgment:**

Substantially 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:***

Noelene Dowling  
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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Peter Bradley Foundation Limited
<b>Centre ID:</b>	OSV-0001526
<b>Date of Inspection:</b>	11 February 2015
<b>Date of response:</b>	05/03/2015

### 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 05: Social Care Needs

**Theme:** Effective Services

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

Residents personal plans did not provide guidance for the management of some of the assessed health care needs of the residents such as catheter care, prevention of pressure areas and epilepsy if emergency treatment was required or behaviour support strategies.

**Action Required:**

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

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

All current behavioural support strategies are under review and amendments made where applicable.

Specific Health Plans for assessed Health Needs for all residents will be co-ordinate all information into one plan.

Areas of specific additional support will be identified and incorporated into the relevant plans.

Proposed Timescale:

The resident who was admitted the day prior to the inspection will have a full and comprehensive personal plan completed by 11th March 2015

All health plans with additional identified support needs will be complete and co-ordinated into one document by April 8th 2015

**Proposed Timescale:** 08/04/2015

**Outcome 06: Safe and suitable premises**

**Theme:** Effective Services

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

Systems for safe access and egress were not suitable.

**Action Required:**

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

The accessibility issues covered a number of linked outcomes. The ABI Ireland Housing Manager was contacted. We propose to have a registered architect survey all accessibility and related works, cost them, break down the areas individually and prioritise accordingly. Based on that costing we will determine what funding ABI Ireland can contribute, what funding Anvers Housing, who are the registered Housing Association who own the house, with the remainder being submitted to the HSE on whose behalf we provide the services.

Proposed Timescale:

Contact Housing Manager – Done

Seek Architect – May 1st 2015 May need to go to a competitive costing process due to likely extent of the totality of the work  
Review Architect recommendations, determine funding locations and contact the relevant organisations – June 1st 2015  
Based on responses send works for Tender – August 1st  
Commence works – September 14th

**Proposed Timescale:** 14/09/2015

**Theme:** Effective Services

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

Areas of the premises were not suitably maintained and cleaned.

**Action Required:**

Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

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

4 hour deep clean by professional cleaning company – Done

Regular weekly 2 hour deep clean of showers & high traffic areas by professional cleaning company – To be in place by March 20th

**Proposed Timescale:** 20/03/2015

**Theme:** Effective Services

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

There was no usable downstairs toilet facility.

**Action Required:**

Under Regulation 17 (1) (a) you are required to: Provide premises which are designed and laid out to meet the aims and objectives of the service and the number and needs of residents.

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

The accessibility issues covered a number of linked outcomes including the downstairs toilet facility. The ABI Ireland Housing Manager was contacted. We propose to have a registered architect survey all accessibility and related works, cost them, break down the areas individually and prioritise accordingly. Based on that costing we will determine what funding ABI Ireland can contribute, what funding Anvers Housing, who are the registered Housing Association who own the house, with the remainder being submitted to the HSE on whose behalf we provide the services.



Proposed Timescale:  
Contact Housing Manager – Done  
Seek Architect – May 1st 2015 May need to go to a competitive costing process due to likely extent of the totality of the work  
Review Architect recommendations, determine funding locations and contact the relevant organisations – June 1st 2015  
Based on responses send works for Tender – August 1st  
Commence works – September 14th

**Proposed Timescale:** 14/09/2015

**Theme:** Effective Services

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

Suitable adaptations to the kitchen had not been made to maximise the independence of the residents.

**Action Required:**

Under Regulation 17 (5) you are required to: Equip the premises, where required, with assistive technology, aids and appliances to support and promote the full capabilities and independence of residents.

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

The accessibility issues covered a number of linked outcomes including the kitchen. The ABI Ireland Housing Manager was contacted. We propose to have a registered architect survey all accessibility and related works, cost them, break down the areas individually and prioritise accordingly. Based on that costing we will determine what funding ABI Ireland can contribute, what funding Anvers Housing, who are the registered Housing Association who own the house, with the remainder being submitted to the HSE on whose behalf we provide the services.

Proposed Timescale:

Contact Housing Manager – Done  
Seek Architect – May 1st 2015 May need to go to a competitive costing process due to likely extent of the totality of the work  
Review Architect recommendations, determine funding locations and contact the relevant organisations – June 1st 2015  
Based on responses send works for Tender – August 1st  
Commence works – September 14th

**Proposed Timescale:** 14/09/2015

**Outcome 07: Health and Safety and Risk Management**

**Theme:** Effective Services

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

Risk assessments of the residents had not been revised and did not sufficiently account for their mobility status and capacity to use the stairs safely.

**Action Required:**

Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

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

All Risk Assessments will be reviewed in the above context

All Risk management practices in use will be documented

Updated Occupation Therapy assessments will be carried out for those with mobility issues

Proposed Timescale:

Documentation of Risk Management practices – Done

Risk Assessment Review – Done

Occupational Therapy Assessments for all residents– March 27th 2015

**Proposed Timescale:** 27/03/2015

**Theme:** Effective Services

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

The risk management policy did not include identification of hazards and the measures in place to prevent them in the designated centre.

**Action Required:**

Under Regulation 26 (1) (a) you are required to: Ensure that the risk management policy includes hazard identification and assessment of risks throughout the designated centre.

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

While there is a Risk Register in place, that register will now include risks local to the service

Proposed Timescale:

Localise Risk Register – March 31st 2015

Organisational Risk Register to include Clinical Risks – April 30th

**Proposed Timescale:** 30/04/2015

**Theme:** Effective Services

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

Systems for maintaining essential fire safety and management equipment were not satisfactory.

**Action Required:**

Under Regulation 28 (2) (b)(i) you are required to: Make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.

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

The accessibility issues covered a number of linked outcomes including the above. The ABI Ireland Housing Manager was contacted. We propose to have a registered architect survey all accessibility and related works, cost them, break down the areas individually and prioritise accordingly. Based on that costing we will determine what funding ABI Ireland can contribute, what funding Anvers Housing, who are the registered Housing Association who own the house, with the remainder being submitted to the HSE on whose behalf we provide the services

Proposed Timescale:

Contact Housing Manager – Done

Have scheduled Quarterly Fire Safety System checks with monitoring company

Will complete an evaluation and assessment of fire safety deficits March 13th

Will identify aspects that can be remedied immediately and take action March 20th

Will link with Housing Manager and plan for any structural issues that may arise March 27th

Seek Architect – May 1st 2015 May need to go to a competitive costing process due to likely extent of the totality of the work

Review Architect recommendations, determine funding locations and contact the relevant organisations – June 1st 2015

Based on responses send works for Tender – August 1st

Commence works – September 14th

**Proposed Timescale:** 14/09/2015

**Theme:** Effective Services

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

Means of evacuation of a resident were not satisfactory.

**Action Required:**

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for evacuating all persons in the designated centre and bringing them to safe locations.

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

The accessibility issues covered a number of linked outcomes including egress from the linked apartment used as a transitional living area. The ABI Ireland Housing Manager was contacted. We propose to have a registered architect survey all accessibility and related works, cost them, break down the areas individually and prioritise accordingly. Based on that costing we will determine what funding ABI Ireland can contribute, what funding Anvers Housing, who are the registered Housing Association who own the house, with the remainder being submitted to the HSE on whose behalf we provide the services

**Proposed Timescale:**

Contact Housing Manager – Done

Seek Architect – May 1st 2015 May need to go to a competitive costing process due to likely extent of the totality of the work

Review Architect recommendations, determine funding locations and contact the relevant organisations – June 1st 2015

Based on responses send works for Tender – August 1st

Commence works – September 14th

**Proposed Timescale:** 14/09/2015

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Guidelines on intimate care do not fully address resident dignity and preferences.

**Action Required:**

Under Regulation 08 (6) you are required to: Put safeguarding measures in place to ensure that staff providing personal intimate care to residents who require such assistance do so in line with the resident's personal plan and in a manner that respects the resident's dignity and bodily integrity.

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

While there is a comprehensive document on Personal and Intimate care in the Individual Rehabilitation plan, the information that it contains, along with choice and dignity issues will be co-ordinated and documented into one personalised Personal & Intimate Care Plan.

Proposed Timescale:

Personal and Intimate Care Plan - Done

**Proposed Timescale:** 05/03/2015

### **Outcome 11. Healthcare Needs**

**Theme:** Health and Development

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

Clinical directions were not consistently adhered to.

**Action Required:**

Under Regulation 06 (2) (b) you are required to: Facilitate the medical treatment that is recommended for each resident and agreed by him/her.

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

Speech and Language Therapy review for one resident

There will be a Healthcare Needs Assessment completed for all Residents

Public Health Nurse will be contacted with regard to ongoing support requirements

HealthCare Plans for all residents will have a monitoring component with support needs identified and scheduled

Proposed Timescale:

Request for SALT review – Sent

Healthcare Needs Assessments – March 30th

Public Health Nurse Support – April 15th

Completed Healthcare Plans with Monitoring Aspect – April 30th

**Proposed Timescale:** 30/04/2015

### **Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The statement of purpose did not accurately reflect the facilities available and the care which could be provided.

**Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and

Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

The Statement of Purpose presented at the time was a previous draft version that was not accurate.

Providers Timescale: The Statement of Purpose will be revised to reflect the above - Done

**Proposed Timescale:** 05/03/2015

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

All of the required documentation and information for the safe recruitment of staff had not been procured.

**Action Required:**

Under Regulation 15 (5) you are required to: Ensure that information and documents as specified in Schedule 2 are obtained for all staff.

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

Have linked with the Provider Nominee and the HR department with regard to the Schedule 2 documentation and information

Proposed Timescale:

Schedule 2 Compliance - April 15th

**Proposed Timescale:** 15/04/2015

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

The policies required by Schedule 5 of the Regulations were not all in place.

**Action Required:**

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 of the Health Act 2007 (Care

and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Additional policies will be put in place which will co-ordinate the information held in other documentation

Proposed Timescale:

All Schedule 5 Policies in place - April 15th

**Proposed Timescale:** 15/04/2015

**Theme:** Use of Information

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

The policies in place did not sufficiently guide practice. Namely the complaints policy, the risk management policy the food and nutrition and end of life policy required review.

**Action Required:**

Under Regulation 04 (3) you are required to: Review the policies and procedures at intervals not exceeding 3 years, or as often as the chief inspector may require and, where necessary, review and update them in accordance with best practice.

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

The above policies will be reviewed and updated accordingly

Proposed Timescale:

Policies updated and reviewed – April 15th

**Proposed Timescale:** 15/04/2015