

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Peter Bradley Foundation Limited
Centre ID:	OSV-0001517
Centre county:	Louth
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Peter Bradley Foundation Limited
Provider Nominee:	Barbara O'Connell
Lead inspector:	Leone Ewings
Support inspector(s):	Philip Daughen (Day 2 only)
Type of inspection	Announced
Number of residents on the date of inspection:	4
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 2 day(s).

The inspection took place over the following dates and times

From:	To:
19 November 2015 10:00	19 November 2015 17:00
26 November 2015 09:30	26 November 2015 16:00

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 an announced inspection and formed part of the assessment of the application for registration by the provider. This was the second inspection of the centre. This inspection took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures and staff files. The views of residents and staff of the centre were also sought.

As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider for the purposes of application to register were found to be mainly satisfactory. However, clarification regarding the lease in place for the premises was sought from the provider as this had not been provided since the inspection.

The main aim of this residential service is to operate as an assisted living house for male and female residents, which provides individualised community based supports to maximise the quality of life to each person living with acquired brain injury. The service operates as a neuro-rehabilitation service with the goal of providing and enabling people to live meaningful lives in the community. The residents had individual rehabilitation assessments and plans in place. The service is funded by the Health Service Executive (HSE) and primarily accommodates person who fit the eligibility criteria.

A number of pre-inspection questionnaires completed by residents and relatives' were received by the Authority during the inspection. The opinions expressed through the questionnaires were broadly satisfactory with all aspects of the services and facilities provided. In particular, residents were satisfied with the manner in which staff supported each resident to make choices and decisions about their day-to-day lifestyle and skills acquisition.

Evidence of good practice was found across all 18 outcomes.

16 out of 18 Outcomes inspected against were deemed to be in full compliance with the Regulations. Improvements were required relating to premises and the provision of additional fire safety requirements.

The action plans at the end of this report identifies the two outcomes under which these improvements are required. Six actions are the responsibility of the provider under the Health Act 2007.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Improvements had taken place since the last inspection in relation to communicating to residents and relatives about the complaints process. A new poster was displayed in the main hallway and leaflets outlining the process and the appeals mechanism were available. A suggestions box was also in operation to facilitate feedback on service provision. The complaints and any feedback of each resident, their family, or their representative were listened to and acted upon and there was an effective appeals mechanism. There had been no formal complaints documented by the person in charge. Residents confirmed that they knew who to discuss any issues or complaints should they arise in the future. The person in charge confirmed that any complaints about service provision would be addressed with a view to service improvement.

Residents confirmed they were consulted with, and participated in decisions about care supports and about the organisation of their home. Residents had access to advocacy services and clear information about their rights. All residents spoken with confirmed they were comfortable about voicing their opinions and thoughts freely in their own home.

Residents were clear about their rights and confirmed that they were fully respected by others who lived at the centre and staff supporting their lifestyle. Staff confirmed that the service operated on a consent basis. Each resident's privacy and dignity was respected, including receiving visitors in private. Each resident was enabled to exercise choice and control over their lives in accordance with their preferences and to maximise independence. The inspectors observed staff interacting and engaging with residents in a respectful manner. Residents also spoke to the inspectors respectfully about other

residents in the house and enjoyed social interaction.

The inspectors reviewed the systems in place to support residents with management of finances and found that they were clear and transparent, with records and receipts. The resident retained control over their own monies which were available to facilitate social activities, outings and holidays. The inspector discussed the systems in place with a number of residents and staff were fully involved with management of their own funds. The current system was fully documented and found to be in line with best practice, and promoted independence with finances and budgeting where appropriate.

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:

The inspectors found that residents' communication needs were fully met. The written communications policy was in place to inform and guide staff. In practice staff were aware of the individual communication needs of all residents. Each resident's communication requirements were highlighted in their personal plan and reflected in practice. For example, accessible evacuation instructions were developed for a resident with a visual impairment and kept up-to-date. Full assessments were available as part of the admissions process, most residents had their abilities and communication requirements clearly outlined as they had transferred to the designated centre from different settings including their homes.

The centre was part of the local community and residents have access to radio, television, broadband and information on local events. For example, residents had developed friendships in a local social sports club and attended events there.

Residents were fully facilitated to access assistive technology, aids and appliances where they were required. For example, signage in the kitchen area, timer reminders and notice boards clearly showed staff on duty and planned activities for residents who found this technique a good memory tool. Residents informed the inspectors that they used applications on their mobile phones as timely reminders with undertaking their daily activities.

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 supported to develop and maintain personal relationships and links with the wider community. For example, some residents planned for and spent time at their family homes at weekends. Residents were supported to maintain links and develop new friendships. However, some residents reported concerns about the location of the centre and distance from their own home towns. The person in charge confirmed that arrangements to meet family and friends were fully facilitated and supported as part of residents' overall rehabilitation plan. There were no restrictions on visitors in place. Residents told the inspector that they had visitors of their choice visit them in their home, and attended family events and occasions.

Residents could choose for their families or representatives to be involved with aspects of care provided if they so wished. Meetings were held to plan for and review individual rehabilitation plans and discuss short and long-term goals for each resident, and family involvement was clearly documented.

Residents used many of the facilities in the local community. They told the inspector they regularly visited the local town to visit the post office, cinema, General Practitioners (GP) surgery, swimming pool, coffee shop, and gym.

Hospital appointments or for other outings were accessed using two accessible vehicles car available for this house. For example, on the day of the inspection a resident visited the gym and swimming pool.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Admissions to the centre were in line with the centre's Statement of Purpose. There was an admissions and discharge policy in place that included a referral process. Residents had an agreed written contract including details of the service to be provided. The service agreements examined by inspectors were detailed documents that included details of the responsibilities of both the resident and the organisation. The service agreements had been updated to clearly specify details of fees or any additional charges for additional services not covered in the contract.

Inspectors discussed the admissions process with the person in charge and the team leader in the centre, and they described how potential residents would be fully facilitated to visit, and spend time at the centre prior to admission, and that residents were consulted regarding potential admissions. There was one vacancy at the time of this inspection. The admission criteria includes a resident with a diagnosis of brain injury which may be the result of a road traffic accident, fall, assault, aneurysm, stroke, brain haemorrhage, viral infection or anoxia. Residents can be male or female between the ages of 18 to 65 years and in addition have cognitive, physical, sensory or behavioural difficulties.

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):

No actions were required from the previous inspection.

Findings:

The inspectors found that each resident's wellbeing and welfare was maintained and support was to a high standard of evidence based care. The service operated as an assisted living house, which provided individualised community based supports to maximise the quality of life to each person living with acquired brain injury. The service operated as an active neuro-rehabilitation service with the goal of providing and enabling people to live meaningful lives in the community and in doing so operated as a person centered service. Four residents were being accommodated at the time of the inspection.

Each resident had opportunities to participate in meaningful activity, appropriate to his or her interests. Residents were actively involved in their personal rehabilitation planning process and their individual needs and choices were clearly reflected in the residents' interests and capacities. Independent living skills were clearly identified within the plans of all residents. For example, accessing the community, meaningful occupation, life skills, including meal preparation and personal care.

Each resident had an individual rehabilitation plan in place, and this was reviewed three monthly. The last reviews had taken place during the first quarter of 2015. Residents and relative involvement was evidenced with a family member invited to attend should this be the wish of the individual resident. Inspectors also spoke to residents and they were aware of their own goals and contents of their individual plans. A comprehensive assessment was in place for each resident and each resident had details including their likes and dislikes. Personal plans were updated to reflect residents' changing needs. In addition, inspectors saw evidence that each resident was supported following assessment of their ability in areas such as cooking, doing laundry, planning for employment opportunities and personal care. Clinical inputs were evident by a senior clinical neuro-psychologist and social worker. For example, one resident in the service had a key worker who has worked at the service for over two years with them and was knowledgeable about the individual rehabilitation plan, and described goal setting and review process.

Staff supported each resident in their daily living choices and promoted independence and autonomy. Residents' feedback confirmed they liked to do a variety of activities; crafts, gym, swimming, music, playing pool, going out to day service and learning to do activities independently with the aim of achieving and supporting their independence. There was evidence of residents moving on from the service to more independent community supported environments. Links with the organisation continued in line with policy and some staff were allocated duties to support those now living independently.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The location, design and layout of the centre was suitable for its stated purpose and met the residents' individual and collective needs in a comfortable and homely way. The bungalow was rented and a lease had not yet been agreed with the landlord. The person in charge was requested to forward this information to support the application to register the premises.

The bungalow was spacious, clean, tidy and suitably decorated. Improvements had taken place further to the last inspection including ventilation in bathrooms, general maintenance, records of heating maintenance and hygiene. However, some improvements relating to accessibility were required.

As outlined in Outcome 7 improvements are required relating to provision of fire precautions such as emergency lighting and a fire alarm system.

The premises is located in a rural location approximately a mile from a major town with public transport links such as bus and trains. The house is currently rented and can provide accommodation for a maximum of 5 residents, with an area used to accommodate a sleep over staff member.

Three of the five resident bedrooms have full en-suite facilities. The remaining two bedrooms are close to a full level access shower room and toilet. An additional hydrotherapy bathroom is available in the house. Some of the residents showed the inspector their bedrooms which they confirmed they had furnished to meet their personal taste. There were sufficient furnishings, fixtures and fittings to meet the individual needs of residents', including storage space in each residents bedroom. Inspectors determined that one recently admitted resident was unable to easily access all areas of the centre due to the presence of saddle boards in some door openings and difficulty identified for the resident in getting past them with their wheelchair. However, the staff had identified the problem and told inspectors they were in the process of addressing this, inclusive of provision of a light weight wheelchair to facilitate mobility.

The inspector saw that overall the premises were well-maintained with suitable heating, and lighting. The communal areas included a well equipped kitchen/dining room, a sitting/private room. The kitchen area had an electric cooker in place, and this facility was used by both residents and staff. Adequate comfortable domestic seating and

tables and chairs were available to seat all residents and staff. The house had provision for a private space, and one staff office. Privacy locks had been put in place in the toilets and shower room.

The garden contained a decked area with table and chairs where residents could enjoy outside space. The gardens surrounding the bungalow were landscaped and the gardens had been maintained well further to the last inspection.

Adequate car parking spaces were available to the front of the house for residents' cars and those of visitors.

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 majority of the failings identified during the previous inspection pertaining to risk management had generally been addressed on this occasion. However, in relation to fire precautions, the lack of an adequate fire alarm system had still not been addressed despite having been identified as a failing on the previous inspection.

In general, while examples of good practice in relation to health and safety and risk management were identified by inspectors, there were also a number of failings identified on this inspection, particularly relating to the fire precautions in place within the centre.

With respect to fire precautions, the centre was found to have an adequate number of escape routes and these routes were observed as being clear on inspection. Fire extinguishers had been provided throughout the centre and these had been serviced as required.

There was a fire procedure in place within the centre and records viewed by inspectors indicated a regular programme of fire drills in place simulating a fire at different times of the day and night. The staff had developed a personal emergency evacuation plan for each of the residents detailing their needs and capabilities in the event of a fire. One resident was observed as requiring an appropriate evacuation aid in order to facilitate a timely evacuation in the event of a fire at night due to their mobility needs. From

speaking to staff, inspectors noted that the provision of an appropriate evacuation aid was being considered by staff and management following the results of previous fire drills. However, it had not been provided to the resident on the date of the inspection.

While there were an adequate number of escape routes provided from the centre, inspectors noted that the doors to the outside were provided with key operated locks in the direction of escape. While the keys were noted as being in the doors at the time of inspection, these locks could potentially impede a timely escape in the event of a fire if the door was locked and the person making their escape did not have or could not find the key. The internal doors were also provided with key locks in a similar fashion, although it was noted from observation and speaking to staff that these locks were not used and keys for these were not carried by residents or staff.

The primary fire escape route was provided by way of the hall within the centre, which was also the primary circulation route providing access to all areas of the house. This was observed by inspectors as not being adequately protected with fire resistant doors where necessary to protect the primary fire escape route from the effects of heat and smoke in the event of a fire. The doors provided within the house were not adequate to contain a fire or prevent the movement of heat and smoke throughout the building. It was observed that the attic space was largely undivided and could potentially provide an unseen path for smoke throughout the building in the event of a fire. There were also rooms provided for the storage of materials that can burn such as bedding and linen which were not constructed in a manner capable of containing a fire should one occur within them.

Inspectors observed that battery operated smoke alarms had been provided through much of the centre. However, the centre was not provided with an adequate fire alarm system with detection provided in all areas of the centre. Inspectors also noted that emergency lighting had not been provided where required within the centre.

With respect to risk management, inspectors noted that appropriate procedures and policies were in place in the main. Inspectors noted that a comprehensive risk assessment had been carried out by a competent person within the centre. This assessment was dated May 2014 with a review date of May 2015. However, there was no further documentation to show that this had been reviewed when required or that the control measures identified had been implemented or reviewed for adequacy on an ongoing basis within the centre.

It was also observed that vehicles had been provided as part of the service for the transportation of residents. While the vehicles were displaying the necessary tax, insurance and vehicle testing certificate, one of the vehicles was identified as requiring replacement tyres.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

Staff training had taken place since the time of the last inspection and refresher training was planned for January 2016. Staff interviewed were clear on what constitutes abuse and how to respond appropriately and report in line with the written policy. There were adequate measures in place to protect residents from being harmed or suffering abuse, which included a policy for prevention of abuse and procedures for dealing with allegations of abuse. Staff had all received training in the prevention of abuse. Staff members were observed to treat residents with warmth and respect.

Residents had access to garden space. Inspectors noted that the residents did not have lockable facilities on their own room doors. A discussion was held with the person in charge who will review this and provide same for residents as required. Detailed intimate and personal care plans were in place for all residents.

Staff confirmed that there was only one environmental restrictive practice in operation within the centre at the time of inspection, and there was a policy in place which was aligned to best practice. Inspectors observed that all staff demonstrated a consent-based approach to all interactions and were respectful in every way towards each other and the residents. The practices relating to the restrictive practice were implemented and understood by the resident concerned and fully documented in the relevant records.

Residents' finances were reviewed in line with the policy and the inspectors saw that supports were carried out in accordance with best practice. For example, residents signed each transaction when monies were taken in and out and regular auditing took place to monitor balances.

There was a policy in place for challenging behaviour, and a clinical psychologist always participated in each resident's review of their individual rehabilitation plan.

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:

A record of all incidents occurring in the designated centre was maintained and where required, notified to the Chief Inspector. A low level of incidents and accidents was confirmed and noted by the inspector. A system was in place to maintain any record of incidents and accidents occurring in the centre and this was maintained by staff and monitored by the person in charge. One incident which was notifiable within three working days had occurred since the last inspection.

All statutory notifications had been submitted to the chief inspector in a timely manner.

Judgment:

Compliant

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:

Residents' opportunities for new experiences, social participation, education and training were facilitated and fully supported by staff. Each resident has an individual rehabilitation plan in place and a detailed cognitive assessment undertaken by a specialist clinical psychologist on admission to the service.

Central to each person's plan was occupation and activity based on each person's individually assessed needs and suitable to their cognitive abilities. For example, one resident attended day centre twice a week. Some activities were tailored to include long days and balanced with shorter days, to enable residents to better enjoy social activity and hobbies. Two residents were new to the centre and the process of developing

individual rehabilitation plans was in the assessment stage.

Each resident whether attending work or training had their own weekly activity schedule which also included their personal development within the house. Some residents had detailed daily plans in place to include personal care and activity, and the inspector noted that some areas of the house had timers in place as reminders for residents to check with their plan for the day. This facilitated memory and planning.

Other activities included individual menu planning, shopping list preparation, shopping, the preparation and cooking meals, housework/chores, sorting and attending to washing of personal clothing and managing their own laundry. Residents were being facilitated to develop their areas of interest including information technology and use of applications on mobile phones. Computer lessons were facilitated and training took place on site.

One resident was actively involved with Special Olympics and sports training. Other residents enjoyed gym, swimming and kettle bell classes.

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:

The inspectors were satisfied that the health care needs of residents were being fully met. All residents had detailed multi-disciplinary assessments completed prior to coming to live at the centre. Healthcare arrangements were pro-active, for example one resident had an exercise plan to maintain mobility and function. Another resident attended regular swimming and gym sessions at a local facility. Access to a neuro-psychologist was limited at the time of the inspection. However, the inspector was informed that within two weeks the neuro-psychologist would be in post and referrals and reviews would re-commence.

The inspectors reviewed residents' files and saw evidence that they were facilitated to access their own General Practitioner (GP) and to seek appropriate treatment and therapies from healthcare professionals when required. Inspectors were satisfied that the allied health services were availed of promptly to meet residents' needs. Completed referral forms were available for review in residents' files and written evidence of relevant reviews were also available. For example, one resident had an occupational

therapy assessment, and residents also attended chiropody in the nearby town. A number of residents had exercise plans devised with the physiotherapist and staff ensured residents completed exercises as part of the weekly programme.

Residents confirmed that they had a choice of food and it was planned for each week. Staff supported residents individually with menu planning, shopping and the preparation of meals, and healthy snacks. Residents had suggested staff would prepare the meals on a Sunday and suggested options on this day. Inspectors saw that residents' had access to adequate quantities and a good variety of nutritious food to meet their dietary needs. Healthy choices were promoted and residents were facilitated to enjoy a balanced diet. Staff had a good knowledge of the foods enjoyed by each resident and which foods were least preferred so alternative options could be considered.

The inspectors saw that staff knowledge was reflected in the resident individual assessment records. For example, one resident was assessed as requiring supervision when accessing food supplies in the utility room. Food choices involved fresh fruits and vegetables and included residents likes as documented in their personal plans. All residents maintained a healthy weight and had their body mass index (BMI) checked regularly. Facilities to check residents who were wheelchair users were not in place. Options to access this in the community were being explored.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The storage of medication for those who wished to self-medicate further to the last inspection had been addressed by the provider. At the time of inspection none of the residents were self-administering medications, although staff confirmed that assessments were available to assess individual resident's competency if needed.

Inspectors found that there were written operational policies in place in the centre relating to the ordering, prescribing, storage and administration of medicines to residents. Inspectors found that learning from previous inspections in the group had been taken on in relation to the storage of out-of-date medication. There was a clear process for identifying any trends within the centre relating to medication errors, and there was a medication management audit system in place which was being further

developed.

Medicines were supplied by the local community pharmacy in a monitored dosage system, which consisted of blister packs, and the centre had established a good working relationship with this pharmacy. All medicines were stored appropriately within the centre.

There was no facility within the centre for the secure storage of medicines that required refrigeration, and at the time of inspection none of the residents' medicines required refrigeration. The person in charge acknowledged that a separate fridge for medication could be provided if necessary.

Staff had received training on the safe administration of medication (SAM). All staff with whom inspectors spoke with demonstrated good knowledge and understanding of the principles in relation to safe medication management practices, and one staff member was always assigned the task of administering medication.

Inspectors reviewed medication prescription and administration sheets, and found that they were clear and easy to read and all signed by the General Practitioner. Inspectors also found that the prescriber had indicated the maximum daily dosage for a p.r.n. medicine (a medicine only taken as the need arises). Staff informed inspectors that all residents' medications were reviewed on a regular basis, and that all prescription sheets were re-written by the prescriber at this time.

The person in charge and the team leader for the centre explained how medication errors were recorded on the accident/incident report forms, and reviewed as part of the accident and incident review process. The inspectors were satisfied that there was good oversight on medication and safe practice in place.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The updated Statement of Purpose received and reviewed by the inspectors on 4 November 2015, contained all of the information required by the Regulations, and

accurately described the services provided at the centre. The updated governance and staffing arrangements were included to fully meet regulatory requirements.

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:

The management team provided leadership and guidance in the centre. The inspectors met with the person in charge and his deputy, individually and reviewed their knowledge and understanding of regulation and ongoing fitness to provide a safe service. There was a clearly defined management structure that identified the lines of authority and accountability. The provider nominee was interviewed formally and separately during an inspection of another designated centre and found to be fit to undertake this role. The team leader reports directly to the person in charge, who in turn reports to the regional manager.

All documentation submitted relating to the person in charge was complete and satisfactory. The role was shared with another of the services community residential houses in the Dublin area. The fitness of the person in charge was assessed throughout the inspection process to determine their fitness for registration purposes. He completed an assessment of fitness and was found to have satisfactory knowledge of his role and responsibilities, under the legislation, and sufficient experience and knowledge to provide safe and appropriate care and supports to all residents. The inspectors observed that the person in charge was involved in the governance, operational management and administration of the centre on a consistent basis, and attends the service at least two to three days a week. He had a very good knowledge and understanding of the residents who confirmed they knew him well. Records submitted confirmed that he was committed to his own professional development. He was supported in his role by a named team leader who also participates in management of the service, and a team of 11 rehabilitation assistants. The inspector was informed by the person in charge and saw evidence that regular scheduled minuted meetings took place and supervision and support was established for staff.

The management team was well established and had provided leadership and guidance. The inspectors met with the management team individually and reviewed their knowledge and understanding of regulation and ongoing fitness to provide a safe service. There was a clearly defined management structure that identified the lines of authority and accountability. The provider nominee was interviewed formally and separately during a recent inspection of another designated centre and found to be fit to undertake this role.

This centre is one of two services managed by a suitably qualified, skilled and experienced person in charge with authority, accountability and responsibility for the provision of the service. He was named as person in charge and employed full-time to manage the two houses and other community services.

During the inspection the person in charge demonstrated sufficient knowledge of the legislation and of his statutory responsibilities. Records submitted confirmed that he was committed to his own professional development. The team leader reports directly to the person in charge, who in turn reports to the regional manager.

Management systems had been developed to ensure that the service provided were safe, appropriate to residents' needs, consistent and effectively monitored. The inspector saw evidence that non-compliances identified on the first inspection of the service had been addressed and followed-up on.

A written review of the health and safety and quality of care and support provided to residents' had been completed in the centre for 2015 and was used as a service improvement tool.

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):

No actions were required from the previous inspection.

Findings:

The Chief Inspector had not been notified of the proposed absence of the person in charge of the centre to date and the inspector was satisfied that arrangements were in place for the management of the centre during her absence.

As mentioned under Outcome 14, the team leader had been recently appointed and she was interviewed on inspection and demonstrated a good standard of clinical knowledge of residents. She completed a satisfactory assessment of fitness, and she had the required experience and qualifications to manage the centre in the absence of the person in charge. Support from the regional manager of the service was in place when required.

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:
The centre was sufficiently resourced to ensure the effective delivery of care and support to residents in accordance with the Statement of Purpose.

The resources available within the centre were appropriately managed by the person in charge to meet the needs of residents. For example, the person in charge ensured that there were enough staff allocated to the centre to meet the individual and collective needs of residents.

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):

The action(s) required from the previous inspection were satisfactorily implemented.

Findings:

The person in charge had in place arrangements to provide staff supervision, and support meetings with each individual staff member now take place three to four times a year. Staff interviewed by the inspector confirmed that they were satisfied with the current arrangements and training provided which enabled them to provide a high standard of care.

There were appropriate numbers of staff, and the skill mix was adequate to meet the needs of all residents. One staff member was rostered to be present on a sleepover (non-waking) basis overnight. A further staff member worked overnight on a waking basis. Staffing levels included the person in charge, team leader and eight whole time equivalent rehabilitation assistant staff. Rehabilitation assistant staff on the roster were available to cover unanticipated leave. Staffing was also guided by activities and outings planned for by residents which were person-centred and not lead by availability of staff. A system of reporting was established where if a planned activity with a resident had to be cancelled or deferred this would be formally recorded and acted upon.

The inspector reviewed staff training records and saw evidence that staff employed had mandatory training in place including fire safety, safeguarding and moving and handling and those spoken with had a good knowledge of the procedures to follow. In addition, the team leader had a training needs plan in place for all staff including Safe Administration of Medication training and a robust induction programme in place. There were no volunteers identified as working in the centre.

The recruitment process was found to be safe and robust. A sample of two staff files were reviewed post-inspection and all documents outlined in schedule 2 were available in each of the files reviewed.

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:

The records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Residents and Adults) with Disabilities) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

An insurance certificate was submitted as part of the registration pack and it showed that the centre was adequately insured against accidents or injury to residents, staff and visitors. Records reviewed confirmed that the vehicular means of transport used by residents was adequately insured.

The directory of residents was available which included all the required information and was fully maintained.

The centre had all of the written operational policies as outlined in schedule five available for review, a sample of policies were reviewed and found satisfactory.

The inspectors noted the use of erasure ink on some documents and recommended that this practice ceases.

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:

Leone Ewings
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 Limited
Centre ID:	OSV-0001517
Date of Inspection:	19 November 2015
Date of response:	22 December 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 06: Safe and suitable premises

Theme: Effective Services

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

Review saddle boards of doorways in centre to ensure that all areas are accessible to wheelchair users.

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 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 saddle boards into the laundry room will be sanded down to ensure all clients have accessibility throughout the house.

Proposed Timescale: 10/01/2016

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:

The risk assessments in place within the centre were not being reviewed on an on-going basis.

2. 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:

The organisation is planning to review all risk assessments by the external consultant by March 2016.

Proposed Timescale: 31/03/2016

Theme: Effective Services

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

One vehicle in use was found to be in need of replacement tyres due to wear.

3. Action Required:

Under Regulation 26 (3) you are required to: Ensure that all vehicles used to transport residents, where these are provided by the registered provider, are roadworthy, regularly serviced, insured, equipped with appropriate safety equipment and driven by persons who are properly licensed and trained.

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

The vehicle was serviced on the 17th of December 2015 and tyres were replaced. The health and safety officer will monitor all vehicles to ensure they are serviced on a

regular basis. Staff will continue to carry out daily checks on all vehicles.

Proposed Timescale: 17/12/2015

Theme: Effective Services

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

One resident was not provided with an evacuation aid capable of facilitating a timely evacuation from the centre in the event of a fire at night.

4. 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:

We are currently in the process of exploring evacuation aids to meet resident's needs. We will have purchased a suitable aid by the 31st of January.

Proposed Timescale: 31/01/2016

Theme: Effective Services

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

The means of escape from the centre were identified as not being adequate in the following respects:

The primary escape route was not adequately protected with construction resistant to the passage of fire and fire resistant doors where necessary to ensure residents can safely evacuate in the event of a fire.

The door fastenings on final exits were not easily openable from the inside without the use of a key.

Emergency lighting had not been installed within the centre.

5. Action Required:

Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

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

Thumb locks for all main doors have been fitted to ensure all residents can evacuate safely in the event of a fire. We are at present gathering quotes to implement the fire system as outlined (L1 plus fire doors and emergency lighting in all bedrooms and hallways)We hope to have this completed by 20/1/16. Subject to this process we would hope to have the system in place the 15.3.16.

Proposed Timescale: 31/03/2016

Theme: Effective Services

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

The arrangements in place for containing fire were not adequate. There was no adequate provision of construction resistant to the passage of fire and fire resistant doors to contain fire, heat and smoke in the event of a fire.

The arrangements in place for detecting fire were not adequate in that there was no adequate automatic fire detection and alarm system within the centre.

6. Action Required:

Under Regulation 28 (3) (a) you are required to: Make adequate arrangements for detecting, containing and extinguishing fires.

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

We are at present gathering quotes to implement the fire system as outlined(L1, fire panel plus fire doors and emergency lighting in all bedrooms and hallways)We hope to have this completed by 20/1/16. Subject to this process we would hope to have the system in place the 15.3.16.

Proposed Timescale: 31/03/2016