

**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-0001518
Centre county:	Sligo
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Peter Bradley Foundation Limited
Provider Nominee:	Stevan Orme
Lead inspector:	Marie Matthews
Support inspector(s):	None
Type of inspection	Announced
Number of residents on the date of inspection:	4
Number of vacancies on the date of inspection:	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 monitor compliance with National Standards. This monitoring inspection was announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 07 October 2015 10:30 To: 07 October 2015 19:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 05: Social Care Needs
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 14: Governance and Management
Outcome 17: Workforce

Summary of findings from this inspection

This was the first inspection of this designated centre. This service is run by Acquired Brain Injury Ireland in partnership with Health Service Executive HSE.

The service is described in the centre's Statement of Purpose as a Transitional Rehabilitation Community Brain Injury Unit,. It is part of the Community Brain Injury Service and covers a catchment area of Sligo, Leitrim and West Cavan. Residents admitted to the centre are supported to both understand the impact of their brain injury, develop strategies to support them to manage the impact of their injury, and develop skills to facilitate their return to their local communities. The service provides cognitive rehabilitation to four residents over a 5 day period (Mondays—Fridays). Residents stay for between 2 weeks and 6 months. Follow up support is provided to residents after their discharge to the community. The purpose of the inspection was to ensure that the service provided complied with relevant legislation, national standards and best practice in ensuring that the care provided was in accordance with the residents' needs and preferences and the centres' Statement of Purpose.

The person in charge (PIC) was available throughout the inspection and the inspector also met the senior neuro psychologist, the assistant psychologist and the occupational therapist as well as two rehabilitation care assistants and administrative staff. Residents were also present during the inspection and gave consent to the

inspector enter their home and to review their personal plans and care files. Residents were very positive in their feedback regarding the service provided.

The inspector reviewed policies, procedures, personal rehabilitation plans, medical records, risk assessments, accident and incident records and policies and procedures.

The service was staffed on a 24 Hour, 5 days a week basis (Monday—Friday) . Communication between staff and residents was observed to be open and friendly and on a first name basis. Residents were aware of the complaints policy and said that any issues of concern were promptly addressed by staff. Each resident had their own room.

Care was found to meet the needs of the residents, was respectful of the residents rights and their privacy and dignity was respected. Staff on duty demonstrated a positive attitude and professional and considerate behaviour towards service users.

Section 41(1)(c) of the Health Act 2007. Compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

No actions were required from the previous inspection.

Findings:

Residents were consulted about how the centre was planned and run. Each resident had a daily plan which was prepared in discussion with the resident and their family. An advocacy services was available to residents and information about residents' rights were displayed.

Each resident had their own bedroom with sufficient space to hold clothing and other personal belongings. There was a safe provided in each bedroom for safe storage of residents' monies.

There was a complaints policy in place called 'you have a right to complain'. A designated person was named to whom complaints could be made at a local level in the centre. The complaints policy included an appeals process. The details of the confidential recipient appointed by the HSE were displayed on the notice board in the hallway. The inspector reviewed the complaints log which contained the complaint details, the action taken to resolve the complaint and the date that the complaint was made and resolved to the satisfaction of the complainant.

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:

Each resident's well-being and welfare was maintained by a high standard of evidence-based care and support. Prior to admission there was evidence of a comprehensive assessment which took account of medical reports, neurological assessments with discussions with both the resident and their family/carers in order to ascertain the impact of their acquired brain injury. Cognitive, social emotional and behavioural needs were assessed and rehabilitation goals were established within two weeks of admission and an individual rehabilitation plan (IRP) was completed. The inspector reviewed a sample of two IRP's and found that assessments were comprehensive and person centred. Goals were reviewed weekly with the key worker and the resident and there was also evidence of multi-disciplinary reviews to assess the residents' progress.

The inspector found that residents were supported with life skills such as cookery, laundry, money management as well as cognitive skills such as planning & memory strategies. Discharges were discussed and planned for with the residents and their family and a follow up support service was provided support residents once they left the centre.

Judgment:
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):

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

Findings:

The health and safety of residents was promoted and protected and the house provided a safe environment for residents. It was clean, warm and well maintained and was maintained free from clutter. The inspector found that adequate fire precautions had

been put in place. Fire equipment was serviced regularly .There was a prominently displayed procedure for the safe evacuation of residents and staff in the event of fire and all staff had completed fire training within the past year. Staff spoken with had a clear understanding of the procedure to be followed in the event of a fire. Each resident had a written personal emergency evacuation plan (PEEP) in place and was knowledgeable about what to do in the event of a fire.

Risk assessments were completed with each resident on admission according to know risk factors and the type of activities they wished to take part in. The inspector found that while there was good assessment of most risks, one resident used public transport which was not supported by appropriate risk assessments to assess if any supervision or assistance was required or if the resident could do this independently.

The inspector reviewed incident forms which were completed following all accidents or incidents and saw that risk assessments were update and staff notified as new risks were identified.

A policy on risk management was available which identified procedures on risk identification, description, and risk rating. A health and Safety Statement was also available.

There was a missing person policy in place. Photographic identification was available and profile description sheets were completed for all residents. An emergency/ crisis management plan was also available which contained each residents profile and PEEPs.

Judgment:

Substantially Compliant

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:

Measures to protect residents being harmed or suffering abuse were in place. Staff had received training in the protection of vulnerable adults. The inspector reviewed the policies and procedures for the prevention, detection and response to allegations of abuse. These gave guidance to staff as to their responsibility if they suspected any form of abuse and outlined the procedure for managing allegations or suspicions of abuse.

The policy included the name and contact details of the designated contact person. Staff members interviewed confirmed that they were aware of this policy, and of their responsibility to report any allegations or suspicions of abuse. Residents said that they felt safe and well cared for by staff and could talk to staff. The PIC confirmed that there were no allegations of abuse currently under investigation.

There were policy guidelines on "responding to challenging behaviour". Staff had been trained in managing challenging behaviour, and guidelines were in place to assist them. There was a policy in place for challenging behaviour, and a clinical psychologist participated in each resident's review of their individual rehabilitation plan.

The PIC confirmed that there were no restrictive practices in operation within the centre at the time of inspection. The inspector observed that staff demonstrated consent based approach and were respectful towards residents.

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

Findings:
Part of the admission criteria for this centre was that residents must be medically stable with no progressive medical conditions. Most residents went home at weekends so medical care was provided by the residents own GP. The inspector reviewed three residents' files and saw evidence that they were facilitated to access their General Practitioner (GP) and to seek appropriate treatment from health care professionals when required. The inspector found that residents had access to a team comprising occupational therapy, physiotherapy, and speech & language therapy. There were clear protocols in place to guide staff managing conditions associated with acquired brain injury such as epilepsy and challenging behaviour.

Residents confirmed that they had a choice of food and it was planned for each week. Staff facilitated mealtimes and cooking and residents assisted with the shopping and the preparation of meals. Snacks were available throughout the day. Special diets were catered for, and the advice of a dietician was sought where necessary. There were ample quantities of food available to residents.

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):

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

Findings:

There were appropriate policies and procedures in place to assure safe medication practices. Most residents brought their own individually prescribed medication with them when they came in for rehabilitation. There was a system in place to log each resident's medication on admission and on return from visits home.

The inspector reviewed a sample of prescriptions/administration charts and medical protocols for staff to administer medications. The max dose of medication to be administered in 24 hours was documented for 'as required' or PRN medication.

Protocols for emergency administration of medication for conditions such as epilepsy were available to guide staff.

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):

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

Findings:

The management structure was described in the Statement of purpose. The Local Services Manager is the Person in Charge, (PIC), and reports directly to the regional manager who is the provider nominee. The inspector observed that the person in charge was involved in the governance, operational management and administration of the centre on a consistent basis. She had a very good knowledge and understanding the

regulations and of the residents' needs. She was based in the centre and so well known to residents. The PIC is works full time and reports directly to the provider nominee.

The inspector reviewed minutes of meetings between the PIC and provider nominee. There was evidence of a range of audits and management systems had been developed to ensure that the service provided were safe, appropriate to residents' needs, consistent and effectively monitored. A written review of the quality and safety of care had been completed and forwarded to the authority in advance of the inspection.

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:

There were appropriate staff on duty and the skill mix of staff was appropriate to meet the needs of all residents. Three staff members were rostered to be on duty during the day and a one sleepover staff overnight. The inspector reviewed staff training records and saw that staff had completed training appropriate to the service provided in addition to mandatory training in fire safety, safeguarding and moving and handling.

The recruitment process was found to be safe and robust, a sample of two staff files were reviewed and all documents outlined in schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 were available in each of the files reviewed. There was evidence that arrangements were in place to ensure staff supervision. The inspector reviewed minutes of individual support meetings /appraisals which took place yearly.

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:

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