

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	Loughnagin
Centre ID:	OSV-0005309
Centre county:	Donegal
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Peter Bradley Foundation Limited
Provider Nominee:	Donnchadh Whelan
Lead inspector:	Jackie Warren
Support inspector(s):	None
Type of inspection	Unannounced
Number of residents on the date of inspection:	3
Number of vacancies on the date of inspection:	2

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 ongoing regulatory compliance. This monitoring inspection was un-announced and took place over 1 day(s).

The inspection took place over the following dates and times

From: 25 October 2016 10:20 To: 25 October 2016 19:45

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

Background to the inspection:

This was a monitoring inspection carried out to monitor compliance with the regulations and standards.

How we gathered our evidence:

As part of the inspection, the inspector observed practices and reviewed documentation such as health and social care files, medication records, and health and safety documentation. The inspector met with the three residents living in the centre and with two staff members. The person in charge was also present throughout the inspection. Residents told the inspector that they liked living in the centre and felt safe there. They also said that staff looked after them well, that they enjoyed their leisure time and had plenty of involvement in the local community, and that they chose and received foods that they liked.

Description of the service:

The centre comprised a new, purpose-built house on the outskirts of a town. The centre provided a residential care service for up to five male and female adults with an acquired brain injury.

Overall judgment of findings:

Of the eight outcomes inspected on this inspection, five were in compliance with the regulations, two were in substantial compliance and one was moderately non-compliant. There were no major non-compliances.

Residents received a good level of health and social care. Residents had interesting things to do during the day and were also supported by staff to integrate in the local community. They also had good opportunity to keep in touch with family and friends. Residents' healthcare needs were well met, and there were measures in place to safeguard residents from any form of abuse. There was also a robust medication management system in place. The centre was suitably staffed to meet the needs of residents.

While there were health and safety measures in place, improvement to fire safety and risk management was required. A fire safety risk was identified during the inspection, but the provider put immediate actions in place to address this.

The centre was newly built and had been designed to meet the specific needs of residents using the service. The building was well maintained, comfortable and suitably furnished. Rooms and corridors were spacious, and there was suitable assistive equipment supplied.

The provider had a clear governance system in place for the management of the centre, and auditing was being undertaken to review the quality and safety of the service. However, an annual report on the quality and safety of the service had not been undertaken. Minor improvement was also required to the recruitment process as there were unexplained gaps in employment histories in some of the files viewed.

Findings from the inspection and actions required are outlined in the body of the report and the action plan at the end.

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

Outcome 01: Residents Rights, Dignity and Consultation

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

Theme:

Individualised Supports and Care

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

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

Findings:

This outcome was not examined in full at this inspection. The action in relation to the complaints procedure was reviewed and was found to have been partially addressed.

There was an up-to-date and informative organisational complaints policy to guide staff as well as a local complaints procedure that was displayed in the centre. The procedure gave contact details of the person in the centre to whom complaints should be addressed. Residents who spoke with the inspector were familiar with the procedure and knew who to tell if they had any complaint or concern.

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 inspector found that each resident's social wellbeing was maintained by a good standard of assessment, care and support.

There was individualised assessment and personal planning, and residents had opportunities to pursue interests appropriate to their individual preferences both in the centre and the community. Residents also had the option of attending day service activities if they wished to do so.

All residents had personal plans which contained important information about their backgrounds, including details of family members and other people who were important in their lives. Plans set out each resident's individual needs and life goals, and there was evidence of review and participation by residents in the development of their plans. Each resident had an identified 'circle of support' consisting of their families, friends and key workers. These groups met annually to discuss and plan around issues relevant to residents' lives and wellbeing and to establish long- and short-term goals. Thereafter, the progress with achieving goals was reviewed quarterly. The inspector noted that residents' goals had been achieved or were being progressed and that additional short-term goals were being added during quarterly reviews.

There were activities and social opportunities taking place in the community which residents could participate in supported by staff. Residents frequently went to the local town, visited relatives, went on outings, went to concerts and had meals out. For example, residents went to bingo in the local town, to concerts, to football matches, to Mass, and for walks in the locality, and some residents grew plants in the polytunnel in the centre's garden.

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):

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

Findings:

The inspector found that there were systems in place to protect the health and safety of residents, visitors and staff. However, improvement to fire evacuation was required.

There was a health and safety statement, a risk management policy and a risk register which identified measures in place to control identified risks. Personal risks specific to each resident were identified and control measures were documented in residents' personal plans.

The inspector reviewed fire safety policies and procedures. There were up-to-date servicing records for all fire fighting equipment, fire alarms and emergency lighting. The provider had measures in place to control the spread of fire. All internal doors were fire doors and had automatic closing mechanisms fitted.

Staff had received fire safety training. Some staff had not received centre specific training, although this training was scheduled to take place in the centre in the coming weeks in November 2016. All staff had been involved in on-site induction training. Staff who spoke with the inspector knew the evacuation procedure. Personal emergency evacuation plans had been developed for each resident. Residents who spoke with the inspector knew what to do in the event of hearing the fire alarm. The procedures to be followed in the event of fire were displayed.

However, fire evacuation procedures required improvement. Fire evacuation drills were being carried out monthly. Records of all fire drills were maintained and these included the time taken and comments recorded for learning. Records indicated that fire evacuations undertaken at night, when there was one staff on duty, were not completed in a timely manner, which presented a risk to residents' safety. This was brought to the attention of the provider who put appropriate immediate actions in place to address this risk.

There were measures in place to limit the risk of infection. The building was maintained in a clean and hygienic condition. Hand sanitising gels were available for use by residents, staff and visitors. There were protocols in place to manage infection, such as separate laundry runs and use of alginate bags.

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.

<p>Theme: Safe Services</p>
<p>Outstanding requirement(s) from previous inspection(s): The action(s) required from the previous inspection were satisfactorily implemented.</p> <p>Findings: There were systems to protect residents from being harmed or abused. There was a policy on the safeguarding of adults from abuse and all staff had received training in safeguarding. The person in charge confirmed that she had received training in relation to adult protection and she was knowledgeable regarding her responsibilities in this area. No allegations or suspicions of abuse had occurred in the centre to date.</p> <p>Although there was a low level of behaviour management issues occurring in the centre, positive behaviour support plans were in place for residents who displayed behaviours that challenged. The plans had been developed in conjunction with the psychology team, who provided regular support to the service. There was also a policy on responding to behaviours that challenge to guide staff.</p> <p>There were no residents using bed rails as a form of physical restraint, although partial bed rails were used to support independence in repositioning in bed, if required. This practice was introduced following an individualised assessment by an occupational therapist whose report confirmed the suitability and safety of such usage.</p>
<p>Judgment: Compliant</p>

<p>Outcome 11. Healthcare Needs <i>Residents are supported on an individual basis to achieve and enjoy the best possible health.</i></p>
<p>Theme: Health and Development</p>
<p>Outstanding requirement(s) from previous inspection(s): No actions were required from the previous inspection.</p> <p>Findings: The inspector found that residents' healthcare needs were well met and they had access to general practitioner (GP) and other health care services as required.</p> <p>All residents had access to GP services. All residents had general health checks and prescription reviews by their GPs every six months. In addition, residents went for further consultation with GPs as necessary. Referrals to other medical consultants were also made, when required, for residents.</p>

Residents had access to health professionals including a dietician and occupational therapist, and referrals were made as necessary. All residents had been assessed by an occupational therapist before moving to this house earlier in the year to establish their mobility needs. Reports from these reviews were recorded in residents' personal files and recommendations were used to guide practice.

Individualised support plans were in place for all residents' assessed health care needs. These plans were clear and provided detailed guidance to direct staff. Staff regularly reviewed residents' healthcare needs and undertook assessments, for example, end of life assessments had been carried out for all residents. Care guidance was in place for any identified issues such as epilepsy care and nutrition.

Residents' nutritional needs and weights were kept under review and any identified issues were addressed. For example, a referral to the dietician for a health issue had been made and the dietician's recommendations were recorded and were being successfully implemented. Residents were supported and encouraged to eat healthy balanced diets and partake in exercise.

Residents had access to the kitchen to prepare drinks and snacks at any time. Residents told the inspector that they chose what they wanted to eat, were involved in food shopping and meal preparation and that they always enjoyed the meals in the centre. At the time of inspection there were no residents who had been assessed as having any significant nutritional issues.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

No actions were required from the previous inspection.

Findings:

The inspector found that residents were protected by safe medication management policies and practices. Improvement to the management of some p.r.n. (as required) medication was required, but this had been addressed in the days following the inspection.

There was generally good practice around medication management. There were colour photographs of each resident to verify identity if required, and there was an up-to-date

signature sheet available. Staff signed medication administration sheets to confirm that medication had been given.

Improvement to the management of p.r.n. (as required) medication was required but this was immediately addressed after the inspection. Some residents were prescribed medication to be taken as required in the event of a specific medical emergency. However, this medication could not be administered as required as none of the staff in the centre had received training in its use. Shortly after the inspection, the person in charge confirmed that training had been provided and that all staff had now received this training.

Medication was securely stored, and there was refrigerated storage for medication requiring temperature control should it be required. The centre had suitable practice in relation to the storage of unused and out-of-date medication. At the time of inspection there were no residents prescribed medication that required strict controls.

There was a medication policy available to guide staff. All staff had been trained in the safe administration of medication. Regular medication auditing was taking place in the centre, and any issues identified had been addressed. A staff member explained the system for managing medication errors. To date there had been very few medication errors in the centre, but those which occurred had been suitably addressed.

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):

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

Findings:

There was a clearly defined management structure that identified the lines of authority and accountability. The person in charge was suitably qualified and experienced. She worked full-time and displayed a good knowledge of the health and social care needs of residents. Since the last inspection there had been a change in the management structure, and the person in charge now reported directly to senior management located

in the organisation's head office. There was a person identified to cover the absence of the person in charge, and there were also out-of-hours, on-call arrangements in place.

The provider was aware of their responsibility to carry out a six-monthly unannounced visit and to prepare a written report on the safety and quality of care and support provided in the centre. This had been undertaken within the past six months, but prior to the service moving to the current address. A copy of the report had been supplied to the person in charge for her attention. In addition, staff carried out medication audits, and accidents and incidents were reviewed by the organisation's health and safety department. An annual report on the quality and safety of care in the designated centre had not yet been prepared.

Judgment:

Substantially 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):

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

Findings:

The inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection. However, night staffing required improvement. This is discussed in outcome 7 as it had a possible impact on emergency evacuation.

Staff were present to support residents at all times both in the centre and when they wanted to do things in the local community, such as going shopping or for coffee, going for a walk or to attend social events. One staff member also slept in the centre at night time. Residents had call bells in their en-suite bathrooms with which to alert staff if required. The inspector found that a staff member responded immediately when a bell was rang during the inspection. However, the staffing number at night was not sufficient to evacuate residents in a timely manner having regard for residents' assessed needs and evacuation plans, but this was addressed immediately after the inspection. This is further discussed in outcome 7.

The person in charge maintained a planned staff roster, which the inspector viewed and

found to be accurate for the day of inspection.

A range of staff training was organised, and staff who spoke with the inspector stated that they had received training in fire safety, medication management, safeguarding, manual handling, management of behaviour that is challenging, report writing, first aid and infection control. Some staff were scheduled to attend centre specific fire training in the coming weeks. This is further discussed in outcome 7.

The inspector found that staff had generally been recruited, selected and vetted in accordance with the requirements of the regulations. A sample of staff files viewed, contained most of the information required by the regulations, such as two references, Garda vetting, photographic identification and employment histories. However, there were unexplained gaps in employment histories in some files.

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:

Jackie Warren
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-0005309
Date of Inspection:	25 October 2016
Date of response:	25 November 2016

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 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:

Fire evacuations undertaken at night, when there was one staff on duty, were not being completed in a timely manner, which presented a risk to residents' safety.

1. Action Required:

Under Regulation 28 (3) (d) you are required to: Make adequate arrangements for

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

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:

Second sleepover staff put in place following inspection until replacement of external doors is complete.

Fire Safety Training scheduled 25/11/16

Proposed Timescale: 31/12/2016

Proposed Timescale: 31/12/2016

Outcome 14: Governance and Management

Theme: Leadership, Governance and Management

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

An annual report on the quality and safety of care in the designated centre had not yet been prepared.

2. Action Required:

Under Regulation 23 (1) (d) you are required to: Ensure there is an annual review of the quality and safety of care and support in the designated centre and that such care and support is in accordance with standards.

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

Annual Quality and Safety Report to be completed

Proposed Timescale: 31/01/2017

Proposed Timescale: 31/01/2017

Outcome 17: Workforce

Theme: Responsive Workforce

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

There were unexplained gaps in employment histories in some staff recruitment files.

3. 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:

Staff files to be updated

Proposed Timescale: 31/12/16

Proposed Timescale: 31/12/2016