

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	2 Racecourt Manor
<b>Centre ID:</b>	OSV-0001518
<b>Centre county:</b>	Sligo
<b>Type of centre:</b>	Health Act 2004 Section 39 Assistance
<b>Registered provider:</b>	Peter Bradley Foundation Limited
<b>Provider Nominee:</b>	Donnchadh Whelan
<b>Lead inspector:</b>	Jackie Warren
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	3
<b>Number of vacancies on the date of inspection:</b>	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:
22 November 2016 14:00	22 November 2016 19:30
23 November 2016 09:15	23 November 2016 15:00

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**

Background to the inspection:

This was an 18 outcome inspection to monitor compliance with the regulations and standards and to inform a registration decision.

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, staff files and health and safety documentation. The inspector met with all three residents who were using the service at the time of inspection. Residents told the inspector that

they liked coming to the centre and felt safe there. They said that they found the rehabilitation programme beneficial, and enjoyed their leisure time and the social interaction with other residents and staff. All residents complimented the staff and said that staff looked after them very well. The inspector also met with four staff members, the person in charge and her line manager. Residents and their families had returned satisfaction questionnaires to HIQA and these indicated a high level of satisfaction with the service. A relative of a resident who was visiting the centre during the inspection also complimented staff and the care delivered.

#### Description of the service:

The centre is a single-storey house on the outskirts of a city. The centre provided a short term residential rehabilitation service to a maximum of four male and female adults with an acquired brain injury. The programme was provided from Mondays to Fridays each week and residents went home at weekends. The aim of the service was to work with residents to improve their independent living skills.

#### Overall judgment of findings:

The inspector found a high level of compliance with the regulations, with fifteen of the outcomes being found compliant and two substantially compliant. One outcome was moderately non compliant.

Residents received a good level of health and social care, and stated that they were happy staying in the centre and participating in the rehabilitation programme. In addition there were safe medication management practices being implemented.

The centre was suitably resourced to meet the needs of residents, with suitable staffing levels, access to healthcare professionals and transport available to meet these needs.

There were measures in place to safeguard residents, such as, staff were suitably trained and were aware of safeguarding risks and how to address them should any arise. However, improvement to fire safety was required. Minor improvement was also required to the statement of purpose, and recruitment documentation.

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

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

**Outcome 01: Residents Rights, Dignity and Consultation**

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

**Theme:**

Individualised Supports and Care

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that residents were involved in how the centre was planned and run and their privacy and dignity was respected. They also had access to an advocacy service, information and a complaints process.

Residents told the inspector that they had weekly meetings to discuss important issues with staff and other residents.

Minutes of recent meetings showed that residents had discussed events such as planning activities and outings, weekly menu plans, shopping lists, and allocation of household tasks. Staff also used these meetings as opportunities to discuss issues of importance with residents, for example, hand hygiene, infection control, fire safety and evacuation procedures had been discussed at recent meetings.

Residents told the inspector that they were very happy to be participating in the rehabilitation programme in the centre. They confirmed that they had opportunities to do the things they wanted to do, including social activities and community involvement. Residents carried out household activities such as shopping, laundry, food preparation and gardening as part of their rehabilitation plans.

There was an advocacy service and a confidential recipient available to residents, details of how to access these services were displayed.

The complaints procedure was displayed in the house, and was clear and accessible to both residents and their families. Residents understood the complaints process and told the inspector that they would talk to staff if they had any complaints or worries and they

felt confident that they would be addressed. There was also a comment box for residents and visitors to use.

There was a complaints policy which provided guidance on the management of complaints. The complaints officer and an appeals process were identified in the policy. There were no active complaints under investigation at the time of inspection, although there was a suitable system for recording complaints if required. Any earlier complaints had been suitably managed and recorded.

The inspector observed that the privacy and dignity of residents was respected. Staff spoke with residents in a caring and respectful manner. All residents had their own bedrooms for the duration of their rehabilitation programmes. Residents had the option of personalising their bedrooms if they wished to. As residents did not live permanently in the centre, they generally brought the clothes, toiletries and personal items that they required for the duration of each weekly stay.

Although residents were generally independent in delivering their own personal care, intimate care plans had been developed to ensure that suitable prompts or support were given by staff as required.

There was an individual safe available to each resident. Residents using the service at the time of inspection retained full control of their own money and valuables. Staff confirmed that this was normally the case, but the inspector saw that there was a personal property policy to guide practice should a resident require property management support from staff.

Residents' religious rights were supported if required. The person in charge confirmed that any resident who wished to go to the church or participate in religious events would be supported by staff to do so. As residents lived at home, when not participating in their programme, they took responsibility for their civil rights themselves. However, if residents wished to vote or access information in relation to civic issues while in the centre, staff supported them to do so.

**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:**

This action was not examined during the last monitoring inspection of the centre in October 2015.

There were suitable communication systems in place to support residents.

Although all residents in the centre could articulate their views verbally, suitable signage was displayed to share information with residents.

There was information for residents displayed in accessible format in the centre, including information on the complaints and advocacy procedures, a weekly meal planner, local events and pictures showing the staff on duty each day and night. The person in charge confirmed that the organisation had the service of a speech and language therapist who was available to review any resident with a speech impairment or communication difficulty.

All residents had access to televisions, radio, newspapers, postal service, internet and reading material.

**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:**

This action was not examined during the last monitoring inspection of the centre in October 2015.

Residents who were staying in the centre were supported to maintain relationships with their families, and were encouraged and supported to interact in the local community.

Although this was a short-term service, residents' families and friends could visit at any time. Residents returned to their own homes at weekends as the service operated from Monday to Friday each week.

Families were invited to attend and participate in residents' progress meetings which took place frequently during the course of each resident's rehabilitation programme. However, sharing of residents' information with families was subject to consent being

given by each resident for this involvement. All residents attended a variety of rehabilitation activities on weekdays where they had the opportunity to meet and socialise with other people.

Residents said that they were supported to attend leisure events and dine out in local restaurants as they wished. Residents frequently visited the shops and facilities in the town.

**Judgment:**

Compliant

**Outcome 04: Admissions and Contract for the Provision of Services**

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

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

This action was not examined during the last monitoring inspection of the centre in October 2015.

There was a policy to guide the admission process, and the person in charge was aware of the importance of suitable assessment prior to admission. She explained the multidisciplinary assessment undertaken before admission to the programme.

The person in charge confirmed that contracts for the provision of services had been agreed with all residents. The inspector viewed some contracts and found that they were informative, reflected the service provided and had been agreed with residents.

**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*

**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 high standard of care and support. There was an individualised assessment undertaken for each resident and residents had opportunities to pursue activities appropriate to their own preferences both in the centre, at day centres and in the community.

Each resident had a personal plan which contained important personal information about the residents' background, including details of family members and other people who were important in their lives. Plans set out each resident's individual needs and identified life goals. As residents were part of short-term rehabilitation programmes, their goals predominantly focused on improvement of their independent living skills. For example, goals focussed on areas such as self-administration of medication, improving mobility, cooking, using public transport, and management of health care issues.

There were weekly review meetings for each resident both before and after each weekend break. These were attended by the resident, their family and the multidisciplinary team. At these meetings residents' progress was reviewed and this information was used to inform the coming week's plans.

In addition to their rehabilitation programmes, residents were supported to interact in the local community. Residents told the inspector that they were supported to go out to the local town as they wished to attend events of interest to them. At the time of inspection, residents told that inspector that they had full and busy days and that they generally preferred to stay in and relax in the house in the evenings.

There were vehicles available to transport residents to day services or other activities they wished to participate in.

**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:**

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

No actions were required from the previous inspection.

**Findings:**

This action was not examined during the last monitoring inspection of the centre in October 2015.

The design and layout of the centre suited the needs of residents and the centre was clean, comfortable, well maintained and suitably furnished.

All residents had their own bedrooms. The bedrooms were bright, well furnished and comfortable. Residents had adequate personal storage space and wardrobes. Some bedrooms had en-suite toilet and shower facilities and there were sufficient additional bathrooms and showers. There were two bedrooms upstairs in the centre and two on the ground floor. When allocating accommodation to residents, it was ensured that the circumstances in the centre matched residents' circumstances at home. For example, if a resident had an upstairs bedroom at home, that resident would be allocated a bedroom on the first floor in the centre. This was to ensure that, while in the rehabilitation programmes, residents could develop the specific skill required to return to their homes.

There was a variety of communal day space including a large open plan kitchen with a dining area, a sitting room, and a sun room. The inspector found the kitchen to be well equipped and clean. There were laundry facilities in the house, where residents could do their own laundry, as a form of rehabilitation, with support from staff if required. There was office and bedroom accommodation provided for staff, and a separate office for the person in charge.

There were suitable arrangements for the disposal of general waste. Residents segregated waste before removal to bins which were stored externally and emptied by a private company. There was no clinical waste generated in the centre.

There was a well maintained garden adjoining the centre. The garden was very well stocked with equipment and fixtures that were part of the rehabilitation programme. There were raised beds at various heights to suit both wheelchairs users and mobile residents. There was a greenhouse and a smoking shelter, both of which had been designed by former residents. There was also garden furniture for residents to use.

**Judgment:**

Compliant

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

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

**Theme:**

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

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

**Findings:**

The inspector found good systems in place to protect the health and safety of residents, visitors and staff. However, there was improvement required to the routine checking of emergency lighting, but this was resolved during the inspection. Some improvement was also required to the servicing of some equipment and to the evacuation plan.

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

The inspector reviewed fire safety procedures. There were up-to-date servicing records for fire fighting extinguishers and the fire alarm system. However, there was insufficient verification available to confirm that the central heating boiler had been suitably serviced.

All staff had received formal fire safety training and staff who spoke with the inspector knew the evacuation procedure. Personal emergency evacuation plans had been developed for each resident. The information in these plans provided guidance about the level of support required by each resident. However, there was some guidance on evacuation that was not in line with best fire safety practice and could present a risk to residents.

Monthly fire evacuation drills involving residents and staff took place in 2016, one of which was undertaken while residents were sleeping. Records of fire drills were maintained, which indicated that all drills, including the early morning evacuation, had been completed in a timely manner. Residents who spoke with the inspector were clear on what to do in the event of hearing the fire alarm. The procedures to be followed in the event of fire were displayed.

Staff carried out a range of monthly health and safety checks in the centre, such as checks of fridge temperatures, accessibility of all exits, alarms, fire extinguishers and the heating system. It was noted that no checks of emergency lights were being undertaken. This was brought to the attention of the person in charge on the first day of inspection and was promptly resolved. An emergency lighting check was carried on the day of inspection and the schedule of checks was revised to include weekly checks of emergency lighting.

Records showed that the centre's vehicle was suitably serviced and maintained. The centre was maintained in a clean and hygienic condition and there were hand sanitising units for residents, staff and visitors to use.

All staff had received up-to-date training in moving and handling, although at the time

of inspection none of the residents required the use of assistive equipment.

**Judgment:**

Non Compliant - Moderate

**Outcome 08: Safeguarding and Safety**

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

**Theme:**

Safe Services

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

No actions were required from the previous inspection.

**Findings:**

There were measures in place to protect residents from being harmed or abused.

There was a safeguarding policy and also a training schedule which ensured that all staff had attended the safeguarding training. The person in charge and staff, who spoke with the inspector, understood their responsibilities in this area. To date, no suspicions or allegations of abuse had occurred in the centre. Residents told the inspector that staff cared for them well and they always felt safe in the centre. The inspector observed staff interacting with residents in a respectful and friendly manner.

At the time of inspection, there were no residents in the centre with behaviours that are challenging. There was, however, a policy on responding to behaviours that challenge, to guide staff and the support of a psychologist was available in the organisation if required.

There were no residents in the centre using bed rails or any other form of physical restraint. However, there was a restraint policy to guide this practice if required. The person in charge explained that there was an occupational therapist available to assess the use of bed rails or lap belts prior to their use, if necessary.

**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:**

This action was not examined during the last monitoring inspection of the centre in October 2015.

The person in charge was aware of the legal requirement to notify HIQA regarding incidents and accidents. All required incidents and quarterly returns had been notified to HIQA.

**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:**

This action was not examined during the last monitoring inspection of the centre in October 2015.

Residents participated in education and training to assist them to achieve their rehabilitation potential. The inspector found that residents had opportunities to develop further skills.

Each resident was participating in a rehabilitation programme aimed to enhance and develop their life skills. The programmes included a range of developmental opportunities, which took place during the day at the resource centre, in the centre and in the community. For example, residents had participated in computer courses, art, woodwork and life skills training in the resource service. Examples of previous residents' achievements, such as handmade furniture, pictures and the greenhouse were to be seen in the house and garden.

Skills such as cookery and gardening were developed in the centre. A gardening tutor came to the house every fortnight to provide training to residents, which staff implemented between classes. Residents were involved in household chores, such as food preparation, light housework, laundry and grocery shopping. Staff ensured that the level of involvement was consistent with residents' preferences and was in line with their lifestyles when they were at home.

Residents told the inspector that they attended a weekly support group in the community that they found both enjoyable and beneficial.

**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 inspector found that residents' health care needs were well met and they had access to appropriate medical and healthcare services.

Part of the admission criteria for this centre was that residents must be medically stable with no progressive medical conditions. All residents went home at weekends so medical care was provided by each resident's own general practitioner (GP). If this was not possible in the centre due to geographic location, the person in charge made alternative arrangements, in agreement with residents. Residents also had access to a range of healthcare professionals in the organisation, including an occupational therapist, speech and language therapist and a clinical psychologist, all of whom worked with residents on an ongoing basis.

All residents had personal plans which outlined the services and supports to be provided to achieve their rehabilitation targets, while maintaining a good quality of healthcare. Each resident's progress was reviewed at weekly meeting with the resident, their next of kin, support staff and the multidisciplinary team. The care and support plans viewed by the inspector contained detailed information around residents' rehabilitation and healthcare needs, assessments, medical history and support required from staff.

The inspector found that residents' nutritional needs were well met. At the time of inspection there were no residents who required meals of modified consistency or who

had weight management issues. All residents were supported and encouraged by staff to eat healthy balanced diets and partake in exercise. Residents confirmed that they enjoyed their meals in the centre and had access to snacks at any time.

**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 there were safe medication management practices in place, although some improvement to the medication policy was required.

While there was an informative medication management policy, it did not provide sufficient information to guide staff in some area of medication management, and this is further discussed in outcome 18. Training records indicated, and staff confirmed, that all staff involved in administration of medication had received medication management training.

Residents brought their own medication with them when they came in to the centre each week 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 prescription and administration charts and noted that the information required to guide staff on safe medication administration was present. Names of medications, times and routes of administration and signatures of the staff members administering the medication were clearly recorded. The maximum dosage of p.r.n. (as required) medications was prescribed with clear guidance on administration. All medication on prescription sheets, including discontinued medication, had been reviewed and signed by a GP. Personal administration protocols had been developed for each resident. There were colour photographs of each resident available to verify identity if required.

There were appropriate systems in place for the ordering, storage and return of medications. The inspector found that medication was suitably stored and there was a secure system for the return of unused and out-of-date medication to the pharmacist.

Self administration assessments had been undertaken for all residents, as a result of

which some residents were involved in partial self administration under staff supervision. This assessment was kept under frequent review as part of the rehabilitation programme. At the time of inspection, none of the residents required medication to be administered crushed or medication requiring strict controls.

**Judgment:**

Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

There was a statement of purpose that described the service provided in the designated centre and met most of the requirements of the regulations. However, some required information was not included. For example, the total staffing compliment was not expressed as full-time equivalents.

**Judgment:**

Substantially Compliant

**Outcome 14: Governance and Management**

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

**Theme:**

Leadership, Governance and Management

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

No actions were required from the previous inspection.

**Findings:**

The provider had established a suitable management structure to ensure delivery of suitable care and support to residents.

There were systems in place for monitoring the quality and safety of care. All accidents, incidents and complaints were recorded and kept under review within the centre for the purpose of identifying trends. Unannounced six monthly reviews of the service had been carried out on behalf of the provider as required by the regulations. Copies of these reports, which included an action plan of required improvements, had been supplied to the person in charge for her attention. Some of the actions identified in the report had been addressed, while others were in progress. An annual report on the quality and safety of care in the designated centre had also been prepared.

The person in charge was well supported by the organisational structure. She told the inspector that she worked closely with the provider nominee, who was her line manager. The provider nominee was present in the centre on the first day of the inspection and was known to the residents.

The person in charge, who was based in the centre, worked full-time, was appropriately skilled and demonstrated the necessary experience to manage the service. She was knowledgeable about the requirements of the regulations, and had a good overview of the health and support needs of residents. She was clear about her role and responsibilities and knew the management and reporting structure in place in the organisation. The person in charge had responsibility for the overall management of the service, for overseeing the quality of care delivered to residents and for supervision of the staff team. She was assisted in her role by a social care leader who was also based in the centre.

The management team had developed a range of policies to guide practice, had carried out risk analyses of the service and had organised a schedule of relevant training for staff, including manual handling, counselling skills, safe administration of medication, first aid, safeguarding and fire training.

**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 provider and person in charge were aware of the requirement to notify HIQA of the absence of the person in charge.

Arrangements were in place to cover the absence of the person in charge.

**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:**

This action was not examined during the last monitoring inspection of the centre in October 2015.

The inspector found that the centre was adequately resourced to ensure the effective delivery of care and support in accordance with the statement of purpose.

The centre was suitably furnished, equipped and maintained. There was transport available to bring residents to day services or other activities they wished to participate in.

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

No actions were required from the previous inspection.

**Findings:**

The inspector found that there were appropriate staff numbers and skill mix to meet the assessed needs of residents at the time of inspection. Staff had received a range of training appropriate to their roles. However, some improvement was required to staff recruitment documentation.

Staffing levels were based on the needs of residents and were determined by reviews of residents' care needs by the person in charge. There was a planned roster prepared and this was being updated as required to reflect the actual roster. Staff accompanied residents when they wanted to do things in the local community such as going shopping or for meals, and when attending their rehabilitation programmes. The inspector observed staff interacting with residents in a respectful and friendly manner. Residents were clearly comfortable in the company of staff and they told the inspector that staff cared for and supported them very well. Questionnaires received by HIQA from relatives of residents in the centre also expressed a high level of satisfaction with staff in the centre.

The inspector reviewed a sample of staff recruitment files and found that most of the required information, such as Garda vetting, photographic identification and suitable references, was present. However, there were some unexplained gaps in employment histories in some of the files viewed.

The person in charge confirmed, and training records indicated, that staff had received training in fire safety, safeguarding and manual handling. In addition, staff had received other training relevant to their roles, such as training in medication management, first aid, hand hygiene and counselling skills.

**Judgment:**

Substantially Compliant

**Outcome 18: Records and documentation**

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

**Theme:**

Use of Information

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

No actions were required from the previous inspection.

**Findings:**

This action was not examined during the last monitoring inspection of the centre in October 2015.

During the course of the inspection, a range of documents, such as staff training records, the directory of residents, health and safety records, operational policies and healthcare documentation were viewed and were found to be satisfactory. All records requested during the inspection were promptly made available to the inspector. Records were orderly and suitably filed.

All policies required by Schedule 5 of the regulations were available to guide staff.

**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:***

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 report<sup>1</sup>

<b>Centre name:</b>	A designated centre for people with disabilities operated by Peter Bradley Foundation Limited
<b>Centre ID:</b>	OSV-0001518
<b>Date of Inspection:</b>	22 and 23 November 2016
<b>Date of response:</b>	06 January 2017

### 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:**

There was insufficient verification available to confirm that the central heating boiler had been suitably serviced.

**1. Action Required:**

Under Regulation 28 (2) (b) (i) you are required to: Make adequate arrangements for

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

maintaining of all fire equipment, means of escape, building fabric and building services.

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

Changed Oil Boiler service repair person and have now booked an OFTEC registered & approved professional.

Proposed Timescale: - In Place 12th Jan 2017

**Proposed Timescale:** 12/01/2017

**Theme:** Effective Services

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

There was some guidance on evacuation that was not in line with best fire safety practice and could present a risk to residents.

**2. 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:**

1 Premises evaluated Nov 27th and staff training provided by an external consultant. All evacuation plans updated. All fire evacuation procedures reviewed and are now in line with best fire safety practice.

2 Fire doors to be installed on all upstairs bedrooms and kitchen opening on to hall area.

3 Automatic door closers to be installed on down stairs bedrooms.

Proposed Timescale: 1 – Nov 30th 2016

2 - May 31st 2017

3 – May 31st 2017

**Proposed Timescale:** 31/05/2017

**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

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

The statement of purpose did not include all the information required by schedule 1 of the regulations.

**3. Action Required:**

Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose

containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

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

Revised Statement of Purpose forwarded

Proposed Timescale: Complete – 12th Jan 2017

**Proposed Timescale:** 12/01/2017

**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 some unexplained gaps in employment histories in some of the staff recruitment files viewed.

**4. 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:**

All gaps identified. All personnel files will be updated with updated CVs accordingly

**Proposed Timescale:** 31/01/2017