

**Health Information and Quality Authority  
Regulation Directorate**

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



<b>Centre name:</b>	Teach Failte
<b>Centre ID:</b>	OSV-0001521
<b>Centre county:</b>	Offaly
<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>	Julie Pryce
<b>Support inspector(s):</b>	None
<b>Type of inspection</b>	Announced
<b>Number of residents on the date of inspection:</b>	8
<b>Number of vacancies on the date of inspection:</b>	4

## **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:
10 August 2016 10:30	10 August 2016 18:30
11 August 2016 09:30	11 August 2016 18:30

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

Outcome 01: Residents Rights, Dignity and Consultation
Outcome 02: Communication
Outcome 03: Family and personal relationships and links with the community
Outcome 04: Admissions and Contract for the Provision of Services
Outcome 05: Social Care Needs
Outcome 06: Safe and suitable premises
Outcome 07: Health and Safety and Risk Management
Outcome 08: Safeguarding and Safety
Outcome 09: Notification of Incidents
Outcome 10. General Welfare and Development
Outcome 11. Healthcare Needs
Outcome 12. Medication Management
Outcome 13: Statement of Purpose
Outcome 14: Governance and Management
Outcome 15: Absence of the person in charge
Outcome 16: Use of Resources
Outcome 17: Workforce
Outcome 18: Records and documentation

**Summary of findings from this inspection**

This was an 18 Outcome inspection carried out 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 met with five residents. Residents told the inspector that they felt that they received a good service within the designated centre, that they felt included and consulted and that staff were always available and ready to assist them.

The inspector also met with staff members and managers. The inspector observed practices and reviewed documentation such as personal plans, medical records, accident logs, policies and procedures and staff files. The inspector also reviewed resident and relative questionnaires submitted to the Health Information and Quality Authority (HIQA) in relation to the inspection.

#### Description of the service:

The provider had produced a document called the statement of purpose, as required by regulation, which described the service provided. Inspectors found that the service was being provided as it was described in that document. The centre was in a housing estate with easy access to the local community. Its design was appropriate to meet the needs of residents, and there was accommodation for 12 residents, although only eight people were resident at the time of the inspection.

#### Overall findings:

Overall, the inspector found that residents had a good quality of life in the centre and the provider had arrangements to promote the independence of residents and to maximise their potential.

Inspectors were satisfied that the provider had put systems in place to ensure that the regulations were being met. This resulted in positive experiences.

#### Good practice was identified in areas such as:

- residents were facilitated to communicate (Outcome 2)
- positive relationships with family and friends were promoted (Outcome 3)
- staff were available to provide appropriate care and support for residents (Outcome 17)

#### Some improvements were required in:

- residents' rights to have free access to their rooms and to an appropriate vehicle (Outcome 1)
- staff training and documentation (Outcome 8)
- documentation relating to medication management systems (Outcome 12)

The reasons for these findings are explained under each Outcome in the report and the regulations that are not being met are included 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:**

Residents were consulted about the organisation of the centre, complaints were well managed, and there was an ethos of upholding the rights of residents. However, one resident did not have independent access to his room.

Regular meetings were held for residents at which various issues were discussed, including choice, activities and menu planning. In addition residents told the inspector that they were always consulted about aspects of their daily lives, and that they were always asked for their opinion.

There was a complaints procedure in place, and this was displayed as required by the regulations. The designated person was named and their photograph was displayed. A complaints log was kept which included a record of the outcome of complaints, and whether the complainant was satisfied with the outcome. In addition there was a data analysis sheet available.

There was a named advocate available to residents, and one resident had looked for this support which had been provided.

One of the residents had made significant progress recently in terms of mobility, however did not have the physical ability to open the heavy fire door to their room. This meant that the resident, who would otherwise have been independent in this regard, had to ask for staff assistance to enter their room. In addition the vehicle available for residents was not modified to take wheelchairs which was now required a need to be addressed in the centre.

<b>Judgment:</b> Substantially Compliant

**Outcome 02: Communication**  
*Residents are able to communicate at all times. Effective and supportive interventions are provided to residents if required to ensure their communication needs are met.*

**Theme:**  
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
There was a detailed communication passport in place for those residents who required them. There was detailed information in these documents as to what various aspects of non-verbal communication meant for residents.

There were communication aids available for residents, and a pictorial representation of various aspects of daily life was in place to assist one of the residents to communicate.

Residents had access to mobile phones, a landline phone and the internet. In addition residents had the input of the occupational therapist in relation to various aspects of communication support.

**Judgment:**  
Compliant

**Outcome 03: Family and personal relationships and links with the community**  
*Residents are supported to develop and maintain personal relationships and links with the wider community. Families are encouraged to get involved in the lives of residents.*

**Theme:**  
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**  
No actions were required from the previous inspection.

**Findings:**  
Residents families were involved in their daily lives, and residents were involved in their local community in accordance with their needs and preferences.

Family visits were welcomed and accommodated, and families visited regularly. Visits to family homes were also supported.

There was clear evidence of family involvement in the personal planning process, and regular communication with families was also evident.

The organisation had a clear ethos of promoting independence of residents in the community. One of the residents was undertaking work experience in a local shop, others used local amenities including sports, clubs and pubs and restaurants.

Goals for some of the residents related to gaining independence in the community, for example by gradually reducing supervision of residents engaging in community activities. There was evidence of increasing independence for several residents, and a record kept of these improvements.

**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:**

Not all residents had written contracts of care in compliance with the regulations. One resident had no contract at all, and others had contracts which did not contain all the required information. For example one of the contracts referred to rent being charged 'relative to each resident's income' but did not specify an amount. A hand written document stating a charge had been attached to the back of this contract, but this page was not signed by the resident or their representative. The contracts also did not mention additional charges to residents for services not included in the rent amount.

Transitions both into the service and from the service to more independent living were managed appropriately. Assessments of need were conducted, and transitions took place in timeframes according to the needs of residents, and included visits to the new home.

**Judgment:**

Non Compliant - Moderate

**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):**

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

**Findings:**

There was a personal plan in place for each resident, and evidence of a meaningful day for all residents.

Personal plans, known as an 'individual rehabilitation plan' (IRP) were based on a thorough assessment with multi-disciplinary input. Thorough personal plans had been developed with detailed information about various aspects of care and the resident's life. For example there was guidance in relation to communication, personal care and all healthcare needs.

The focus of the service provided was rehabilitation, and detailed vocational goals towards independence had been developed for each resident. Each of these goals were broken down into smaller steps. There was clear evidence of implementation of the supports required by residents to achieve their goals, and of the progress made. Goals were reviewed and updated quarterly during IRP meetings, and a monthly progress record was maintained.

Work towards these goals had resulted in significantly positive outcomes for residents in terms of progress. For example one resident was now working towards independent living, and another had made considerable improvements in mobility.

Various activities were facilitated for residents in accordance with their needs, and often planned in accordance with their strengths, or directed towards previously held skills. Examples of activities undertaken in the centre included gardening and cooking.

**Judgment:**

Compliant

**Outcome 06: Safe and suitable premises**



*The location, design and layout of the centre is suitable for its stated purpose and meets residents individual and collective needs in a comfortable and homely way. There is appropriate equipment for use by residents or staff which is maintained in good working order.*

**Theme:**

Effective Services

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

No actions were required from the previous inspection.

**Findings:**

The designated centre was a large and spacious two storey unit, set in its own grounds at the end of a small housing estate and in close proximity to the local town. There were various private and communal areas available to residents.

Communal areas included a large living area, a smaller sitting room, an oratory and a gymnasium/physiotherapy room. There was a small 'therapy room' with sensory equipment. A laundry room was available to both staff and residents, and there were large industrial machines, but also household machines for personal laundry and rehabilitation.

There was a small kitchenette available for residents to use, and to develop home living skills. One resident had an ensuite room downstairs in accordance with their rehabilitation plan.

Other bedrooms for residents were located upstairs, and there were rooms to accommodate twelve residents, although due to the level of support of current residents there were only eight people currently residing there.

Outside were spacious gardens, and areas for horticulture including a polytunnel and raised beds.

**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):**

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

**Findings:**

The inspector found evidence of good practice in relation to both health and safety and fire safety management. However some improvements were required in handwashing facilities and in the risk management policy.

Staff were knowledgeable regarding health and safety, fire safety and risk assessment.

There was an up to date health and safety statement and a three monthly health and safety audit in the form of a checklist was conducted. Accidents, incidents and near misses were being recorded with an appropriate level of detail, including an analysis page where actions required to prevent recurrence were identified. The reports were reviewed by the local services manager. Where necessary these were discussed with the clinical team or referred to the regional manager.

Fire evacuation plans were visible throughout the centre. Equipment testing was up to date and records were available to verify this. Regular fire drills had taken place and there was a personal evacuation plan in place for each resident. Weekly checks including fire alarms, exits and equipment took place, and daily checks of fire exits were conducted. Servicing of other equipment such as hoists and lifts were also up to date.

Individual risk assessments were in place for each resident in relation to various areas including activities and support needs. A detailed risk register was in place which included information about necessary control measures. Those actions reviewed by the inspector had been implemented. However, improvement was required in the risk management policy which did not include all the requirements of the regulations.

Staff were aware of good practice in relation to infection control and were observed to engage in appropriate hand hygiene practices and in using personal protective equipment when required. However, while there was a handwash sink in the laundry area, there was no soap and no paper towels for staff or residents' use. Staff reported that they used another sink in a room across the corridor.

**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):**

No actions were required from the previous inspection.

**Findings:**

Inspectors found clear evidence of residents being treated with dignity and respect by all staff. Independence in relation to personal finances was encouraged and supported, and management of personal monies agreements were in place and had been signed by residents.

Staff training in the protection of vulnerable adults had taken place, and staff were aware of procedures to follow if they had any concerns. However, not all staff had been in receipt of the relevant training. There was a policy on the prevention of abuse which guided staff practice. There were robust systems in place in the event of complaints or allegations of abuse.

Behaviour support plans were in place for those residents who required support in this area. These plans included detailed assessments and guidance, staff were aware of the guidance and there was evidence of the plans being implemented. Where restrictive practices were in place, for example the use of bedrails, there was clear input from the appropriate members of the MDT, a clear rationale for their use, and evidence of alternatives having been considered. One resident told the inspector that they chose to use bedrails for safety reasons.

**Judgment:**

Substantially 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:**

All appropriate notifications had been made to HIQA in a timely manner.

**Judgment:**

Compliant

**Outcome 10. General Welfare and Development**

*Resident's opportunities for new experiences, social participation, education, training*

*and employment are facilitated and supported. Continuity of education, training and employment is maintained for residents in transition.*

**Theme:**

Health and Development

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

No actions were required from the previous inspection.

**Findings:**

There was a clear ethos in the designated centre of rehabilitation and maximising residents' potential. Multiple examples of this for all residents were clear, as evidenced by meaningful goal setting and clear steps being identified and gradually reached by each person.

There was an emphasis on learning or relearning activities of daily living in accordance with the assessed needs of residents. Residents were supported to gain or regain skills in the home environment, and to transfer these skills in a structured way into community living.

Goals were broken down onto manageable steps for residents, and progress towards these goals were documented. Several residents who spoke to the inspector indicated that they were engaged and appropriately challenged by their goals

**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):**

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

**Findings:**

Residents healthcare needs in all areas reviewed by the inspector were being met. There was also evidence that the nutritional needs were being met, including clear evidence of the availability of choice for residents regarding their meals and snacks.

Plans of care were in place in relation to physical health, mental health and positive behaviour support in accordance with each person's assessed needs. All the healthcare needs reviewed by the inspector had resulted in the relevant input from members of the

multidisciplinary team (MDT) and had generated appropriate plans of care which regularly reviewed. All staff members engaged by the inspector were aware of these plans of care, and could describe the implementation of them.

Examples of these plans of care included a clear plan in relation to the management of diabetes, a feeding and swallow plan, and mental health care plans for others in accordance with their assessed needs. Evidence of the input of various members of the MDT included psychology, speech and language therapy, physiotherapy and occupational therapy was available in residents' records.

A fortnightly 'residential meeting' was held during which each residents' progress and needs were discussed in detail and recorded appropriately. Those members of staff who were not present at the meeting were sent an email of the minutes of the meeting.

In each residents' personal plan the inspector found emergency information entitled 'On call client summary sheet' which included pertinent information in the event of an emergency transfer to acute services.

Residents' nutritional needs were documented, and the inspector observed that plans of care in relation to these needs were implemented. For example the recommendations of the MDT in relation to assisted feeding for a resident were seen to be put into practice.

Residents were offered menu choices at a weekly meeting, but were facilitated to make different choices at any stage. One of the residents told the inspector that they had chosen a different meal on the evening before the inspection, and had been supported to make a meal of their own choice in the kitchenette.

The inspector did not identify any areas for improvement in this outcome.

**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:**

For the most part medication was managed in accordance with best practice, however improvements were required in stock control and in the guidance for some 'as required' (p.r.n.) medications.

Prescriptions for regular medications contained all the information required by the regulations, including the requirement for the prescription to include information relating to the crushing of medications. Discontinued medications were appropriately documented and signed by the prescribing general practitioner (GP). Storage of medications was safely managed by a key coded locked cupboard and a further lock on the medications cabinet, the key of which was kept on the person of the designated staff member on each shift.

Medications were managed by a blister pack system, and all confidential information was safely disposed. All staff members had been trained in the administration of medications. Residents were supported in self medication in accordance with their assessed needs, for example one resident took responsibility for their own medication with minimal prompting from staff.

The inspector examined a sample of protocols in relation to decision making for p.r.n. medications. There was clear guidance for some of these medications, however, the guidance was missing for one of the medications reviewed, and no record was kept relating to the reason for administration, or the observed effect of the medication, as required by the centre's policy, and in accordance with best practice.

The system of stock control in the designated centre required some improvement. There was a monthly stock check in place, but there was no clear indication of a running stock count. The stock sheet was unclear and potentially inaccurate. However the national services manager who was present at the time of the inspection immediately introduced a new system of stock checking, and the inspector was satisfied that this would result in robust stock control.

The system in place relating to audit of medication management was not sufficiently robust as to capture shortfalls. It related to an examination of prescriptions but did not address the areas identified as needing improvement by the inspector, and did not include an examination of safe practice.

There was a system for the management of potential medication errors including an appropriate recording and reporting system, and review at regular management meetings.

**Judgment:**

Substantially Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**

Leadership, Governance and Management

<p><b>Outstanding requirement(s) from previous inspection(s):</b> No actions were required from the previous inspection.</p> <p><b>Findings:</b> The provider had prepared a statement of purpose which accurately described the service provided to residents.</p>
<p><b>Judgment:</b> Compliant</p>

**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 inspector was satisfied that the centre was appropriately managed and there was evidence of a clear management structure and governance within the service. However improvements were required in the monitoring of the service in relation to auditing.

There was a clear management structure in place, and all staff were aware of this structure. The person in charge was not available during the inspection, but appropriate deputising arrangements were in place. The person deputising during the inspection was appropriately skilled, experienced and qualified, and engaged competently in the inspection process.

Six monthly unannounced visits had on behalf of the provider had taken place, and all required actions resulting from these visits reviewed by the inspector had been implemented. An annual review of the safety and quality of care and support was available to the inspector, and included various areas including the results of resident satisfaction surveys. In addition the designated centre had received accreditation from a recognised organisation in relation to their statement of purpose.

However, while a quarterly health and safety checklist was available, there was no structured system of auditing. The audit of medication management, as discussed under

outcome 12, was insufficient to capture areas requiring improvement, and there was no further evidence of auditing.

There were regular staff meetings, and a fortnightly 'residential meeting' whereby all aspects of care delivery were discussed. Minutes of these meetings were maintained and made available to the inspector. Actions agreed at these meetings were then included in plans of care for residents.

There was also a system of management meetings and evidence that decisions made at these meetings were communicated to staff where relevant. Communication of progress and decisions regarding resident care were made by a system of emailing all staff members, and copies of these communications were maintained on site.

**Judgment:**

Substantially 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:**

There were appropriate deputising arrangements in place in the event of 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:**

The designated centre appeared to be appropriately resourced. There were sufficient staff to meet the assessed needs of residents, and all required equipment was available.

There was a vehicle available at all times for the use of residents, but as discussed under outcome 1, this did not meet the needs of all residents,

**Judgment:**

Compliant

**Outcome 17: Workforce**

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

**Theme:**

Responsive Workforce

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

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

**Findings:**

The staffing levels and skills mix were appropriate to the needs of residents, including both healthcare needs and social needs. All staff held a qualification in social care, and various staff members had additional expertise, including additional qualifications in the management of acquired brain injury.

Staff engaged by the inspector were knowledgeable about the individual care needs of each resident, including their goals and their communication needs. Interactions observed by the inspector between residents and staff were appropriate to the assessed needs of the residents, and appeared to be both respectful and caring. Staff displayed significant knowledge in the area of acquired brain injury, in accordance with the statement of purpose.

Staff training records were reviewed by the inspector, and were found to be unclear as to whether training had occurred within the appropriate timeframe. Information was submitted to HIQA following the inspection that indicated that mandatory training in relation to fire safety training, and moving and handling was up to date for all staff. However, the record did not show that training in the protection of vulnerable adults for some staff was current, as discussed under outcome 8. No evidence was submitted in relation to any other training.

Staff files were reviewed by the inspector and found to contain all the information

required by the regulations. An annual staff appraisal system was in place, as was a six to eight weekly supervision, and records were kept of these.

**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:**

All records to be kept in the designated centre in respect of each resident were in place, records required under Schedule 4 were available and were examined by the inspector.

All the policies required under Schedule 5 were in place, however the policy in relation to missing persons did not include sufficient information as to guide staff in the event of a resident going missing.

All information was readily retrievable, and stored appropriately.

**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:***

Julie Pryce  
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-0001521
<b>Date of Inspection:</b>	10 and 11 August 2016
<b>Date of response:</b>	20 October 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 01: Residents Rights, Dignity and Consultation

**Theme:** Individualised Supports and Care

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

Not all residents had free access to their rooms, or to appropriate transport.

#### 1. Action Required:

Under Regulation 09 (2) (b) you are required to: Ensure that each resident has the freedom to exercise choice and control in his or her daily life.

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

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

Submitted funding requests to Local Services Manager Lead and National Services Manager for Automated Fire doors.

Additional needs for Transport has also been discussed with Local Services Manager Lead and National Services Manager. Currently being reviewed

**Proposed Timescale:** 31/12/2016

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

**Theme:** Effective Services

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

Agreed contracts of care were not in place for all residents, and some of those in place did not include all the requirements of the regulations in respect of all charges to be incurred.

**2. Action Required:**

Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

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

All Service Agreements have been reviewed and updated.

**Proposed Timescale:** 20/10/2016

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

**Theme:** Effective Services

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

The risk management policy did not include all the requirements of the regulations.

**3. Action Required:**

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

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

The Risk Management Policy is currently under review.

**Proposed Timescale:** 30/11/2016

**Theme:** Effective Services

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

Appropriate hand washing facilities were not in use in the laundry area.

**4. Action Required:**

Under Regulation 27 you are required to: Ensure that residents who may be at risk of a healthcare associated infection are protected by adopting procedures consistent with the standards for the prevention and control of healthcare associated infections published by the Authority.

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

Soap Dispenser and Towel have been implemented in the Laundry room.

**Proposed Timescale:** 20/10/2016

**Outcome 08: Safeguarding and Safety**

**Theme:** Safe Services

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

Staff training in the protection of vulnerable adults was not up to date for all staff.

**5. Action Required:**

Under Regulation 08 (7) you are required to: Ensure that all staff receive appropriate training in relation to safeguarding residents and the prevention, detection and response to abuse.

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

All Staff members have received the training on the 18 / 10 / 2016.

**Proposed Timescale:** 18/10/2016

**Outcome 12. Medication Management**

**Theme:** Health and Development

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

Not all 'as required' medications were managed in accordance with best practice

**6. Action Required:**

Under Regulation 29 (4) (b) you are required to: Put in place appropriate and suitable practices relating to the ordering, receipt, prescribing, storing, disposal and administration of medicines to ensure that medicine that is prescribed is administered as prescribed to the resident for whom it is prescribed and to no other resident.

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

PRN Audit System Implemented and is audits are now happen on a monthly basis.

**Proposed Timescale:** 20/10/2016

**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:**

There was no system of auditing effective services.

**7. Action Required:**

Under Regulation 23 (1) (c) you are required to: Put management systems in place in the designated centre to ensure that the service provided is safe, appropriate to residents' needs, consistent and effectively monitored.

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

Further local systems put in place to evidence compliance of our auditing system are:

Bi annual unannounced regulation 23 audits are conducted, final 2016 audits scheduled before end of December 2016. Additional audits include: Policy audits-all policy and compliance are reviewed every three years, health and safety audits, complaints audits, Key performance monthly statistics are gathered to ensure compliance with identified KPI's and financial audits, ie petty cash.

**Proposed Timescale:** 15/12/2016

**Outcome 17: Workforce**

**Theme:** Responsive Workforce

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

There was insufficient evidence of appropriate staff training.

**8. Action Required:**

Under Regulation 16 (1) (a) you are required to: Ensure staff have access to appropriate training, including refresher training, as part of a continuous professional development programme.

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

All Staff members have received the training on 18 / 10 /2016

**Proposed Timescale:** 18/10/2016

**Outcome 18: Records and documentation**

**Theme:** Use of Information

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

The policy in relation to missing persons had not been updated to provide sufficient guidance to staff.

**9. Action Required:**

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

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

Missing persons policy is reviewed and an addition of guidelines in anagram format will be added as an appendix - with the instruction that it is displayed in an area accessed by Staff.

**Proposed Timescale:** 31/10/2016