

**Health Information and Quality Authority
Regulation Directorate**

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



Centre name:	A designated centre for people with disabilities operated by Peter Bradley Foundation Limited
Centre ID:	OSV-0001527
Centre county:	Co. Dublin
Type of centre:	Health Act 2004 Section 39 Assistance
Registered provider:	Peter Bradley Foundation Limited
Provider Nominee:	Stevan Orme
Lead inspector:	Deirdre Byrne
Support inspector(s):	Liam Strahan
Type of inspection	Announced
Number of residents on the date of inspection:	7
Number of vacancies on the date of inspection:	0

About monitoring of compliance

The purpose of regulation in relation to designated centres is to safeguard vulnerable people of any age who are receiving residential care services. Regulation provides assurance to the public that people living in a designated centre are receiving a service that meets the requirements of quality standards which are underpinned by regulations. This process also seeks to ensure that the health, wellbeing and quality of life of people in residential care is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer lives.

The Health Information and Quality Authority has, among its functions under law, responsibility to regulate the quality of service provided in designated centres for children, dependent people and people with disabilities.

Regulation has two aspects:

- Registration: under Section 46(1) of the Health Act 2007 any person carrying on the business of a designated centre can only do so if the centre is registered under this Act and the person is its registered provider.
- Monitoring of compliance: the purpose of monitoring is to gather evidence on which to make judgments about the ongoing fitness of the registered provider and the provider's compliance with the requirements and conditions of his/her registration.

Monitoring inspections take place to assess continuing compliance with the regulations and standards. They can be announced or unannounced, at any time of day or night, and take place:

- to monitor compliance with regulations and standards
- following a change in circumstances; for example, following a notification to the Health Information and Quality Authority's Regulation Directorate that a provider has appointed a new person in charge
- arising from a number of events including information affecting the safety or well-being of residents

The findings of all monitoring inspections are set out under a maximum of 18 outcome statements. The outcomes inspected against are dependent on the purpose of the inspection. Where a monitoring inspection is to inform a decision to register or to renew the registration of a designated centre, all 18 outcomes are inspected.

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

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to 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 February 2015 09:30	10 February 2015 18:30
11 February 2015 09:00	11 February 2015 13:30

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 announced inspection which took place over two days and was carried out for the purpose of informing an application for registration. The provider had applied for registration of seven places. This report sets out the findings of the inspection.

Inspectors found the service provided long term residential care for seven adults with an acquired brain injury (referred to as residents throughout the report). Inspectors met all residents, and staff during the inspection.

This was the second inspection by the Authority of the designated centre. Overall, inspectors found the provider demonstrated a willingness to meet the requirements of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013. However, a number of areas for improvement were identified. These non compliances were mainly related to documentation and record keeping, and are outlined below.

Inspectors found there continued to be a committed management team, who ensured a good governance structure was in place. Inspectors met the person in charge and regional operations manager at the inspection. The provider nominee (to be referred to as the provider in the report) was met following the inspection. Both the provider and person in charge suitably demonstrated their fitness and commitment to meet the requirements of the Regulations.

Inspectors found that residents received a good quality service in the centre by staff who supported and assisted them to have a range of choice in how they went about their day. There was evidence of good consultation with residents through satisfaction surveys and meetings, and residents' communication support needs were met effectively.

The centre was well laid out, bright, clean and homely. It had a domestic, homely atmosphere. Inspectors found systems were in place for residents to voice concerns and an advocacy service was available. Collective feedback in both conversation with, and questionnaires read from residents and relatives was one of overall satisfaction with the service and support provided.

The provider and person in charge promoted the safety of residents, and the staff had an in-depth knowledge of residents and their needs.

However, there were improvements identified to ensure compliance with the Regulations, mainly in relation to documentation and record keeping. The policies required to be maintained by Regulations were not fully in place, some policies did not fully guide practice or were centre specific. Aspects of the physical environment in terms of accessibility required improvement. The procedures followed into the investigation of alleged abuse required improvement. The recruitment practices in place were not in line with the Regulations.

The 9 actions identified at the previous inspection in February 2014 were followed up. There were 6 complete, and three were incomplete.

The incomplete actions included:

- aspects of the physical premises,
- evacuation procedures for one bedroom,
- the risk management policy

The actions are outlined in the body of the report and the Action Plan at the end of the report.

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:

Inspectors found residents were consulted with, and participated in the organisation of the centre, and enabled to exercise choice and control over their life in accordance with their preferences and to maximise their independence. However, an area of improvement in the complaints policy and procedure were required.

The provider ensured there were systems in place to manage and respond to complaints. A complaints policy and procedure was seen by inspectors. However, it did not contain all the information required by Regulations. For example, the person nominated to ensure complaints were responded to and recorded appropriately. A complaints log was in place, with two complaints recorded since the last inspection. These were reviewed by inspectors, and it was evident that the complaints had been resolved, with the residents satisfaction recorded. There were procedures displayed in each unit that described how to make a complaint. A notice board contained information on an external advocacy service available to residents if they wished to access it.

There were measures in place to safeguard residents monies. However, the procedures in documenting transactions required improvement. For example, dual signatures were not provided by staff when recording transactions of residents. In addition, cash transaction records along with other transaction types were held together in the records which may lead to confusion when reviewing the overall balance of monies. Where cash balances were checked and counted they were correct.

Residents had opportunities to plan their day and inputted into the running of the house through monthly house meeting. The minutes of these meeting were read by inspectors, and outlined a range of matters being discussed such as Christmas celebrations,

individual and group activities in 2015, when new staff on duty were starting, HIQA, household routines, shopping lists/menus, personal laundry, and assisting to keep their bedrooms clean.

During the inspection, the inspectors observed staff treating the residents with dignity and respect, and supported routines and practice in a manner maximising residents' independence and exercise their rights. A right's charter was displayed in each house, within the centre. Residents' expressed knowledge of these rights, expressly naming their right to speak up about any issues they may have. In the questionnaires one resident responded that he had the right to be free and that this was reflected in the centre.

Judgment:

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:

Inspectors were satisfied that the person in charge ensured the communication support needs of residents were met.

The residents had access to assistive technologies and were facilitated to access communication aids to promote their full capabilities. For example, pictorial technologies, tablets and computers were observed to be used by the residents.

Staff were aware of the communication needs of residents and these were clearly described in the communication care plan maintained on file for each resident.

The centre was part of the local community, and residents had access to radio, television, internet, social media and information on local events. The residents participated in local services, such as the gym, day service and religious services. There were links with the neighbourhood, and they were invited to attend an annual fund raising event held in the centre.

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:

Inspectors were satisfied that residents were supported to develop and maintain personal relationships and links with the wider community, and families were encouraged to be involved in the lives of residents.

There was a visitors log in place to record all visitors to the centre, however, there was no policy to guide practice. This is discussed further under Outcome 18. Both residents and staff informed inspectors that visitors were welcome in the home. Visitors could visit residents at any reasonable time, with residents wishes, and restrictions were in place with the agreement of the resident.

Inspectors found that family relationships are supported and encouraged. Families were welcome in the home. Additionally residents informed inspectors that visits and stays to their family home were supported and facilitated by staff.

Links to the community were also evident. Rosters in the home indicated that residents participate with weekly routines of the home, such as shopping for groceries. Additionally during the inspection inspectors were informed that residents visit the community to attend gyms, coffee shops and day care services. One resident also undertook training to work with a local youth group.

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:

Inspectors were satisfied that the provider ensured admissions and discharges to the service were timely, and each resident had an agreed, written contract that outlined the

supports in place and services provided.

The residents were admitted in line with the Statement of Purpose and the processes were outlined by the person in charge. There was detailed information provided to the residents and their families prior to the potential admission. This included a visit to the centre by residents, and a pre-admission assessment was carried out by the person in charge. This was confirmed in information read by inspectors provided by families.

Inspectors found each resident had a written agreement of the provision of services. A sample of contracts of care were reviewed. They outlined the terms on which the resident will reside in the centre, the services provided and the fees to be charged, distinct from the service level agreements under which the admission is funded.

Judgment:

Compliant

Outcome 05: Social Care Needs

Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his /her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:

Effective Services

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

No actions were required from the previous inspection.

Findings:

Inspectors found the social, health and emotional care needs of residents were ensured through regular assessment of and review by staff familiar with their needs. There was evidence that the support provided by the service to residents was cognisant of their individual needs, and also ensured residents were enabled to make informed decisions and choices. An area of improvement was identified in the documentation of plans regarding residents' identified health care needs.

There was documented evidence that each residents health, personal and social care and support needs were fully assessed before admission and at regular intervals no less than annually thereafter. The personal plans in the centre and service were referred to as " individual rehabilitation plans". The plans were comprehensive, with evidence of regular reviews that included a multi-disciplinary input from allied health services. There were monthly reviews of progress for each resident, completed by the residents key worker. This was confirmed by staff who said they were reviewed at monthly meetings. An annual review which was also conducted and attended by the resident and family members, with documented records of these meetings on file. The records demonstrated regular reviews of progress and outcomes for the residents were held

every three months. One resident sat with inspectors while they reviewed their file, and who confirmed their involvement. It was evident in reading the plans for the residents, that progress was being made, and the goals were actively implemented. There was documented procedures on each file that outlined the supports in place for each residents communication, personal and intimate care, education, training for life skills and transition from the service where appropriate.

The residents key worker was responsible for documenting the objectives in conjunction with individual residents and the development of their plans. While there had been a turnover of staff, inspectors found the staff were very knowledgeable on the resident's preferences and their personal plans. While the plans took account of resident's psychosocial needs as well as medical and physical status, the documentation of residents' health care needs required improvement. For example, residents with epilepsy did not have a documented care plan developed. This was discussed with the person in charge, who assured inspectors it would be addressed.

Inspectors found residents were supported to move between services and into the community. There were procedures in place to assess and plan for this eventuality, with a key worker appointed to liaise with the residents during any transition that may take place for one resident. The person in charge outlined the process that was in process of taking place. Inspectors found any transitions from the centre to the community were carried in a planned manner and in consultation and discussion with residents and their representatives, if required. There were risk assessments and various processes in place to ensure the appropriate supports were provided to the resident.

Judgment:

Substantially 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:

Inspectors found that the centre was clean, warm, well maintained and homely. The centre comprised of two units, both adjacent to each other. The two units were visited by inspectors who found them to be well laid out. However, aspects of the layout of one unit did not meet fully meet the individual needs of the residents.

As reported above, there were two units, both located next to each one another.

Unit one:

This unit consists of a three bedroom house. There were three single bedrooms, each with en-suite shower, toilet and shower. Inspectors visited some of the bedrooms with the permission of the residents. They were of adequate size to meet residents individual needs. Rooms were decorated in accordance with the wishes of the resident and contained personal items such as television, family photographs, posters and various other belongings. However, improvements were required in one resident's en-suite shower room. Despite the adaptations made in the en-suite, it did not meet the current resident's needs. This was discussed with the resident who said it was not suitable. The matter was also raised with the person in charge, who outlined the proposed plans to address the matter.

The kitchen in the unit was also visited. As outlined in the previous inspection report, the adaptations made did not meet the needs of residents in a wheelchair. For example, residents may not prepare meals independently due to the layout of the room. This was an issue at the previous inspection, and was not addressed. The matter was discussed the person in charge, who acknowledged it would be addressed.

There were laundry facilities provided, which were located in a shed behind the unit. However, the shed was accessible by a step, and persons in wheelchairs could not easily access enter the room. This meant the residents could not independently wash or dry their clothes, and had to access the facilities in the unit next door.

Unit two:

This unit was a two storey house. It consisted for four bedrooms, all en-suite with shower, toilet and wash-hand basin. The design and layout of this house met the individual and collective needs of the residents. Inspectors visited one bedroom, with the residents permission. It was nicely laid out, with a lot of space for personal possessions such as furniture, television, photos and personal items.

In both units there were appropriate numbers of bathrooms, showers and toilets in the centre to meet the residents needs. There were separate toilets provided for staff. Each of the two units were provided with a kitchen/dining and sitting room. There was separate staff offices in first floor of unit one, that included a bedroom, toilet and canteen for staff.

The centre was maintained to a high standard cleanliness and hygiene. Inspectors were informed both staff and the residents carry out the cleaning procedures. There was suitable cleaning equipment provided.

The centre was maintained to a good standard of repair. The residents had access to appropriate equipment that promoted their independence and comfort, including hoist and wheelchairs. The staff all received training in their use, and the safe handling of residents. The equipment was kept in good working order and maintenance records read confirmed regular servicing took place.

There was sufficient storage in residents' bedrooms for their clothes and other personal items.

Judgment:

Outcome 07: Health and Safety and Risk Management

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

Theme:

Effective Services

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

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

Findings:

Inspectors found that there were systems in place to promote the health and safety of residents, staff and visitors to the centre. However, improvements were identified in relation to risk management, and emergency evacuation procedures in place.

Inspectors reviewed the management policy in place. However, it did not guide practice, and did not include all the information required by Regulations. This was an action at the previous inspection was not addressed. There was a health and safety statement in place which had been reviewed in 2014 and related to the health and safety of residents, staff and visitors.

The person in charge had developed a risk register to identify and manage the risks in the centre. It consisted of environmental risks identified in the centre and outlined the controls and monitoring to be carried out. There were individual risk assessments completed where required for each resident, and these were completed by staff and reviewed by the person in charge. An action from the last inspection was completed, and the controls in place to mitigate the risk occurring were outlined.

There was a monthly health and safety review of the premises and an external health and safety review was undertaken annually. Inspectors found accidents, incidents and near misses were recorded in detail and a copy of the reports were submitted to and reviewed by the person in charge. Incidents were being discussed monthly meetings. However, there was no evidence of what action was taken, and the learning from them along with reducing the risk of recurrence. This was an action at the previous inspection and was not completed.

The inspectors observed that one resident's bedroom was located in an area which would be an issue in the event of an evacuation from the area. This was brought to the providers attention at the previous inspection and had not been completed. This was discussed with the person in charge who assured inspectors it was being addressed. A letter was seen by inspectors confirming an architect had made recommendations. However, there was no time-frame given as to when the work would be carried out. Inspectors reviewed the emergency plan. It outlined a range of scenarios and alternative accommodation in the event of an evacuation. However the information contained within the plan, did not reflect other emergency plans displayed in the centre. This is discussed under Outcome 18.

All staff had been trained in manual handling and appropriate practices were observed by inspectors. The staff also completed therapeutic handling practices to enhance their knowledge and skills in the movement of the residents, who all required full assistance from staff.

Inspectors reviewed up-to-date centre specific policies on infection control which had been an action at the last inspection and now completed. Personal protective equipment, hand gel dispensers and wash hand basins were available throughout the centre.

There were good systems in place for the management of fire safety. Inspectors viewed the fire training records and most staff had completed mandatory fire safety training, however, some had not completed refresher training and this is discussed in Outcome 17. All staff spoken to knew what to do in the event of a fire, monthly fire drills were carried out by staff and residents. There were personal emergency evacuation plans in place for each residents.

Inspectors viewed the fire records which showed that fire equipment had been regularly serviced. The fire alarm had been serviced quarterly. The internal fire exits were unobstructed during the inspection, and daily documented checks were carried out.

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:

Inspectors found that the provider had measures in place to safeguard and protect residents from abuse. However, improvements were identified to ensure policies and procedures guided practice.

There was a policy on and procedures in place for the prevention, detection and response to abuse. However, it was not comprehensive enough to guide staff practice. For example, the role of the person in charge in the investigation process, the requirement to notify the Authority, general practitioner and the residents representatives were not included. This is discussed under Outcome 18.

Inspectors spoke to staff who were familiar with the types of abuse and how they would respond if an allegation of abuse was made. Most staff had completed up-to-date training in safeguarding of residents, and records read confirmed this. Where staff had yet to complete training, there was training scheduled to be provided in March 2015. This is discussed under Outcome 17.

There had been no incidents, allegation or suspicions of abuse however, the person in charge had an adequate understanding of the procedures to follow to carry out an investigation.

Inspectors read intimate care plans that had been developed for each resident, and incorporated into their personal plans. The plans were comprehensive and provided clear guidance to staff and reflecting the residents' wishes and procedures they liked to follow.

A policy relating to positive behaviour support was read by inspectors, and seen to be operating in practice. There were very few residents with behaviours that challenged in the centre. Inspectors reviewed the positive behaviour plan for one resident which described the underlying causes of behaviours and the least restrictive and most therapeutic interventions to be used. The staff were familiar with the residents and took every action to ensure all alternatives were followed, and interventions reduced. All staff spoken with were familiar with the residents, and completed training in the management of behaviours that challenged as part of their mandatory training in the service.

There was no use of restrictive practices in the centre. However, policies were in place to guide staff if this was required.

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:

Inspectors found that the person in charge and staff had maintained records of all accidents and incidents that had occurred in the centre. These were reviewed by the person in charge and the regional services manager.

The person in charge was aware of the legal requirement to notify the Chief Inspector regarding incidents and accidents. To date and to the knowledge of inspectors, all relevant incidents had been notified to the Chief Inspector by the person in charge

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:
Inspectors were satisfied that each resident had opportunities for new experiences, social participation, education, training and that employment was facilitated and supported.

Records reviewed, and discussions held with residents and staff, confirmed residents had a variety of opportunities to engage in education, training and development in meaningful ways. These were guided by resident's own interests and preferences and set out in their personal goals. These included daily tasks like achieving walking distances, to developing personal hobbies, attendance at college courses and seeking employment. Inspectors spoke to one resident who described how he was being supported to complete a further education.

There were policies in place to facilitate of the rehabilitation of residents however, there was no specific policy in place on access to employment, education and development as required by Regulations. This is discussed under Outcome 18.

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:
Inspectors were satisfied that each resident was supported to achieve and enjoy the best possible health.

Inspectors reviewed resident files and found that residents had access to a range of allied healthcare professionals. These included, but were not limited to, a choice of local General Practitioner (GP), dentist, occupational therapist, dietitian, dentist, psychologist and physiotherapist. The files indicated that access to these services was timely, and residents were facilitated by staff to receive any recommended treatments.

Where residents were currently undergoing medical treatments/tests this was noted in the staff office to ensure they were followed up on and that staff were aware of any particular current needs. However, an area of improvement was identified, as the documentation of care-plans required improvement. For example, there were no care-plans developed to guide care of residents with epilepsy. This is further discussed under Outcome 5.

Residents were seen to be actively encouraged to make healthy living choices during the inspection and to take responsibility for their own health and medical needs.

There were good practices in place for residents to make healthy living choices around food. There were regular meetings where residents could decide on shopping lists and choose menus. Inspectors observed the evening meal, which was be nutritious and wholesome. The mealtime experience was seen to be a relaxed social event. Some resident prepared their meals with the support of staff, and where staff prepared meals for residents it was in line with residents expressed preferences. Snacks and drinks were available to residents throughout the day and residents were seen availing of this.

Judgment:

Compliant

Outcome 12. Medication Management

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

Theme:

Health and Development

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

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

Findings:

Inspectors found each resident was protected by the designated centres policies and procedures for medication management. The actions from the previous inspection were completed. While this action was compliant overall, an area of improvement in the monitoring of medication practices was identified.

There was a medication policy which guided practice. This had been revised since the previous inspection, to include procedures for the recording of residents medications.

Inspectors read a sample of completed prescription and administration records which was in a booklet form. It was in line with best practice guidelines. Information pertaining

to each resident's medication was available in the residents files.

One resident was supported to manage and administer their own medications. Inspectors saw self administration of medication procedures in place, and there were risk assessments were completed and regularly reviewed by staff.

Staff were familiar with the policies and procedures to be followed. Records confirmed all staff had completed two day medication management training and undertook a competency assessment.

There was only one medication error since the last inspection. It was reviewed by the person in charge who outlined the action taken to minimise the risk of future incidents. However, as outlined in Outcome 7, there was no documented record of the action taken.

It was evident that there were appropriate procedures for the handling and disposal of unused and out of date medicines, and these were reviewed by the person in charge and the team leader. However, there was no auditing of the medication management practices carried out by staff.

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

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

No actions were required from the previous inspection.

Findings:

Inspectors found that the Statement of Purpose met the requirements of the Regulations.

The Statement of Purpose accurately described the type of service and the facilities provided to the residents. It reflected the centre's aims, ethos and facilities. It also described the care needs that the centre is designed to meet, as well as how those needs would be met.

Judgment:

Compliant

Outcome 14: Governance and Management

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

Theme:

Leadership, Governance and Management

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

No actions were required from the previous inspection.

Findings:

Inspectors were satisfied there was an established a management structure in place, with the roles of staff were clearly set out and understood.

The person in charge was suitably qualified, experienced, and managed the centre with authority, accountability and responsibility for the provision of the service. The person in charge was based in the centre on a full-time basis. While also responsible for a community service within the wider organisation, there were adequate governance and support arrangements in place, to ensure the service was managed in his absence. The person in charge was supported by a team leader, who also deputised in his absence.

Inspectors found the person in charge continued his own professional development, and was completing a masters in management. There is a clear line of authority and responsibility and residents and staff were able to identify the person in charge.

The person in charge reported to a regional manager, who also met inspectors during the inspection. Inspectors were informed that he visited the centre on regular basis to meet staff and residents. In addition, there was evidence of recorded un-announced visits twice a year. An audit on the service was completed by the regional manager and audits read by inspectors outlined a range of areas monitored such as person centred files, evidence of consent, health records, health and safety, complaints and menus. Feedback and learning from the outcomes were also recorded in these audits. Additionally, an external audit was performed in 2014. The report from this was seen by inspectors.

There was a report of an annual survey of the quality of the service carried out. This survey is based on three separate questionnaires completed by residents, families and other stakeholders of the service. It was read by inspectors, who were also provided with a copy the reports 2014 survey. However, an overall report encompassing the results of the safety and quality surveys and audits of was not in place, or made available to residents. This was discussed with the provider, who was aware of the requirement to do so, and to provide a copy of same to residents.

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:

Inspectors were satisfied that the person in charge had not been absent from the designated centre for more than 28 days. There were satisfactory arrangements in place through the availability of the team leader to cover any absences of the person in charge. These arrangements were formalised and staff were aware of them.

The provider was aware of the requirements to notify the Authority in the event of the person in charge being absent.

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):

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

Findings:

Inspectors found that sufficient resources had been provided to meet the needs of residents.

There were sufficient staff on duty, and the person in charge used staffing resources flexibly to meet the support needs of residents. Since the last inspection, an additional half whole time equivalent staff member had been rostered during the day to one of the units. This increased the number of staff in the unit to two at different time during the weekend to facilitate resident care.

The provider had ensured that sufficient assistive equipment had been provided. The centre was suitably furnished and well equipped. The action from the previous

inspection in relation to the kitchen is discussed under Outcome 6.

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:

Inspectors found there was an appropriate number of staff, and skill mix, to meet the assessed needs of residents. However, an area of improvement was required in relation to staff training and staff documentation.

Four staff files were reviewed by inspectors. However, the information contained did not fully meet the requirements of Schedule 2 of the Regulations. For example, two had no proof of identity and none had evidence of qualifications on file; and while there were records of reference checks by telephone, not all files contained written references. This is further discussed under Outcome 18.

Training records were reviewed by inspectors. The centre was in the process of beginning a new training system which was described to inspectors. This system indicated that it should respond to training needs in a timely manner. However, some staff had not completed refresher training in mandatory areas, such as safe guarding and safety and fire safety. This was discussed with staff, who showed the inspector dates of training scheduled.

There were systems in place to provide staff supervision. The person in charge explained one to one meetings were held with staff and took place up to five times per year. There was a performance management systems for staff in place, and the person in charge held quarterly reviews along with annual performance appraisal.

Staff were seen to be knowledgeable, and respond to residents in a respectful, timely and safe manner.

There was a planned and working roster in the centre, that confirmed there was an adequate number of staff on duty. The action required from the previous inspection was completed, and an additional half time equivalent staff was rostered in one house to meet residents needs at the weekends. The skill mix of staff was found to be sufficient

for the needs of residents, and took into account the size and layout of the centre. There were no volunteers in this centre.

Judgment:

Non Compliant - Moderate

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:

Inspectors found that records were accurate, up-to-date, maintained securely but easily retrievable. However, improvements were identified in relation to the policies in place.

The provider had ensured the designated centre had most of the written operational policies as required by Schedule 5 of the Regulations. However, gaps were identified. For example, policies were not all consistently reviewed every three years and there was no visitors policy and no access to education, training and development policy. In addition, some policies were not centre specific, and some did not fully guide staff practice. For example, the policy on the prevention of abuse, risk management policy and the complaints policy.

Inspectors reviewed the records listed in Schedules 2, 3 and 4 of the Regulations which were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval. However, the records required to be kept for staff, as per Schedule 2, were not all in place. For example, photographic identification and references.

An up-to-date insurance policy was in place for the centre which included cover for resident's personal property and accident and injury to residents in compliance with all the requirements of the Regulations.

Judgment:

Non Compliant - Moderate

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:

Deirdre Byrne
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority

Health Information and Quality Authority Regulation Directorate

Action Plan



Provider's response to inspection report¹

Centre name:	A designated centre for people with disabilities operated by Peter Bradley Foundation Limited
Centre ID:	OSV-0001527
Date of Inspection:	10 February 2015
Date of response:	18 March 2015

Requirements

This section sets out the actions that must be taken by the provider or person in charge to ensure compliance with the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children And Adults) With Disabilities) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Persons (Children and Adults with Disabilities) Regulations 2013 and the National Standards for Residential Services for Children and Adults with Disabilities.

All registered providers should take note that failure to fulfil your legal obligations and/or failure to implement appropriate and timely action to address the non-compliances identified in this action plan may result in enforcement action and/or prosecution, pursuant to the Health Act 2007, as amended, and Regulations made thereunder.

Outcome 01: Residents Rights, Dignity and Consultation

Theme: Individualised Supports and Care

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

The procedures in place to safeguard residents finances required improvement.

Action Required:

Under Regulation 12 (1) you are required to: Ensure that, insofar as is reasonably practicable, each resident has access to and retains control of personal property and

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

possessions and, where necessary, support is provided to manage their financial affairs.

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

A replacement financial record book has been provided. Cash and VISA transactions are now recorded in separate areas in the book. Two signatures are now recorded for each transaction. No further actions required.

Proposed Timescale: 18/02/2015

Theme: Individualised Supports and Care

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

There was no person nominated to ensure complaints were recorded and responded to.

Action Required:

Under Regulation 34 (3) you are required to: Nominate a person, other than the person nominated in Regulation 34(2)(a), to be available to residents to ensure that all complaints are appropriately responded to and a record of all complaints are maintained.

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

The complaints policy will be updated to clearly state that the nominated person is the local service manager.

Proposed Timescale: 30/04/2015

Outcome 05: Social Care Needs

Theme: Effective Services

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

A plan for residents individual health care needs was not developed for example, epilepsy.

Action Required:

Under Regulation 05 (4) (a) you are required to: Prepare a personal plan for the resident no later than 28 days after admission to the designated centre which reflects the resident's assessed needs.

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

Specific Health Plans for assessed Health Needs for all residents will be co-ordinate all information into one plan. Areas of specific additional support will be identified and incorporated into the relevant plans. All health plans with additional identified support needs will be complete and co-ordinated into one document.

Proposed Timescale: 08/04/2015

Outcome 06: Safe and suitable premises

Theme: Effective Services

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

Aspects of the centre are not fully adapted and accessible to meet all residents identified as outlined in the report.

Action Required:

Under Regulation 17 (6) you are required to: Ensure that the designated centre adheres to best practice in achieving and promoting accessibility. Regularly review its accessibility with reference to the statement of purpose and carry out any required alterations to the premises of the designated centre to ensure it is accessible to all.

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

The accessibility issues covered a number of linked outcomes. The ABI Ireland Housing Manager was contacted. We propose to have a registered architect survey all accessibility and related works, cost them, break down the areas individually and prioritise accordingly. Based on that costing we will determine what funding ABI Ireland can contribute, what funding Anvers Housing, who are the registered Housing Association who own the house, with the remainder being submitted to the HSE on whose behalf we provide the services. Contact Housing Manager – Done in March 2015. Seek Architect – May 1st 2015. May need to go to a competitive costing process due to likely extent of the totality of the work. Review Architect recommendations, determine funding locations and contact the relevant organisations – June 1st 2015. Based on responses send works for Tender – August 1st . Commence works – September 14th 2015.

Proposed Timescale: 30/10/2015

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 no evidence of the action taken and learning from incidents involving residents.

Action Required:

Under Regulation 26 (1) (d) you are required to: Ensure that the risk management policy includes arrangements for the identification, recording and investigation of, and learning from, serious incidents or adverse events involving residents.

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

Regional manager will continue to review the Local Service Manager action plan and their recommendations. Copy of completed form, with Regional Manager Recommendations will be retained on site. Incident/Accidents Reports will be reviewed

monthly to review trends and global recommendations will be recorded and implemented. All serious/adverse incidents will have a debrief element where learning will be documented and shared not only locally but with other services.

Proposed Timescale: 31/03/2015

Theme: Effective Services

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

The procedure for the safe evacuation from one section for the premises required review

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:

The ABI Ireland Housing Manager was contacted. We propose to have a registered architect survey all related works, cost them, break down the areas and prioritise accordingly. There are other accessibility related works that will encompass this relating to another Outcome. Based on that costing we will determine what funding ABI Ireland can contribute, with the remainder being submitted to the HSE on whose behalf we provide the services. All residents have PEEPs.

With regard to adaption's: Contact Housing Manager – Done in March 2015. Seek Architect – May 1st 2015 May need to go to a competitive costing process due to likely extent of the totality of the work. Review Architect recommendations, determine funding locations and contact the relevant organisations – June 1st 2015. Based on responses send works for Tender – August 1st . Commence works – September 14th

Proposed Timescale: 30/10/2015

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:

The system of review and monitoring of medication practices required improvement.

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:

The PIC will complete an annual medication audit which will include:

- Safe Administration of Medication Training of staff
- Monthly review of Medication Incidents with sharing of associated learning
- Debrief of any serious medication incidents and record follow-up

Proposed Timescale: 31/03/2015

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 gaps in the refresher training provided to staff in fire safety and safeguarding of vulnerable adults.

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 who work in Anvers & 69 or likely to as Relief Staff were provided with fire safety training and safeguarding of vulnerable adult training.

An audit of all staff for whom will require additional training was complete.

Have linked with the Provider Nominee and the HR department with regard to the Schedule 2 documentation and information.

Proposed Timescale: 15/04/2015

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 policies required by Schedule 5 of the Regulations were not fully in place.

Action Required:

Under Regulation 04 (1) you are required to: Prepare in writing, adopt and implement all of the policies and procedures set out in Schedule 5 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:

Additional policies will be put in place which will co-ordinate the information held in other documentation.

Proposed Timescale: 15/04/2015

Theme: Use of Information

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

The policies in place were not centre specific and did not fully guide practice. For example, the prevention of abuse, the complaints and the risk management policies.

Some policies had not been reviewed in over three years.

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:

The above policies will be reviewed and updated accordingly.

Proposed Timescale: 15/04/2015

Theme: Use of Information

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

There were gaps in the information required to be kept on record for each member of staff.

Action Required:

Under Regulation 21 (1) (a) you are required to: Maintain, and make available for inspection by the chief inspector, records of the information and documents in relation to staff specified in Schedule 2 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013 .

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

While there may not have been evidence of qualifications in the national office, with HR, the person in charge had a copy / evidence of qualifications on site in the centre for all the staff members. LSM offered inspectors to review the qualifications folder for our residential staff.

Have linked with the Provider Nominee and the HR department with regard to the Schedule 2 documentation and information

Proposed Timescale: 15/04/2015

