<table>
<thead>
<tr>
<th><strong>Centre name:</strong></th>
<th>A designated centre for people with disabilities operated by Peter Bradley Foundation Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Centre ID:</strong></td>
<td>OSV-0001524</td>
</tr>
<tr>
<td><strong>Centre county:</strong></td>
<td>Dublin 24</td>
</tr>
<tr>
<td><strong>Type of centre:</strong></td>
<td>Health Act 2004 Section 39 Assistance</td>
</tr>
<tr>
<td><strong>Registered provider:</strong></td>
<td>Peter Bradley Foundation Limited</td>
</tr>
<tr>
<td><strong>Provider Nominee:</strong></td>
<td>Stevan Orme</td>
</tr>
<tr>
<td><strong>Lead inspector:</strong></td>
<td>Noelene Dowling</td>
</tr>
<tr>
<td><strong>Support inspector(s):</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Type of inspection</strong></td>
<td>Announced</td>
</tr>
<tr>
<td><strong>Number of residents on the date of inspection:</strong></td>
<td>4</td>
</tr>
<tr>
<td><strong>Number of vacancies on the date of inspection:</strong></td>
<td>0</td>
</tr>
</tbody>
</table>
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: 18 February 2015 09:30  
To: 18 February 2015 19:30

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

| Outcome 01: Residents Rights, Dignity and Consultation |
| Outcome 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 the first inspection of this centre which is designated as a centre for adults with disabilities. The purpose was to inform the decision of the Authority in relation to the application by the provider for the registration of the centre. All documentation required for the registration process was provided. The inspector observed practices and reviewed the documentation such as personal plans, medical records, accident logs, policies and procedures and staff files.

The service is part of a number of assisted living centres provided and managed by Acquired Brain Injury Ireland. It is funded via capital funding from the Health Service Executive (HSE) and provides focused rehabilitative care for four adults.

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The inspector found that the provider was compliant in a significant number of areas and demonstrated a commitment to achieving this. There was evidence of good governance. Both provider and person in charge demonstrated their fitness and commitment to meet the requirements of the Regulations.

There is a suitably qualified person in charge and team leader available with systems for monitoring the quality and safety of care in place. The findings indicate that resident’s social and healthcare needs were well supported and that personal planning was person-centred, focused the outcomes were evaluated. There was significant consultation and involvement of the residents in how they lived their lives. There was evidence of a commitment to resident’s rights and self determination and a balanced approach to risks.

There were some areas of non compliance identified in the following areas;
- risk management policy and consistent implementation of risk management strategies
- safe recruitment procedures
- documentary plans for residents healthcare needs
- development and implementation of the required policies.

The actions required to achieve compliance with the Health Act (Care and Support of Residents in Designated Centres (Children and Adults) With Disabilities) Regulations 2013 are outlined at the end of this 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):
This was the centre’s first inspection by the Authority.

Findings:
The inspector was satisfied that there was a commitment to promoting resident’s rights and to providing care according to their preferences and needs.

There were a number of systems used to protect residents rights and these included regular meetings and informal day-to-day consultation with residents. The programmes and choice of routines were primarily dictated by the residents own preferences and agreed rehabilitative plans. The supports required were identified and provided.

There was evidence that the residents were closely involved in their personal rehabilitative plans with a view to achieving longer term goals. The residents informed the inspector of this and also stated that their wishes were ascertained. Their consent was sought for sharing of information with the staff and other clinicians involved in their care. Residents confirmed this fact with the inspector and stated that staff provide them with information and clarity so that they understand their care needs and can make informed choices.

In accordance with the assisted living model the residents shared household tasks, had responsibility for their own rooms, shared shopping, menu planning and managed their own financial affairs. Where support was required with financial management the system were transparent and agreed with the residents. Residents were aware of their rights, and a Right’s Charter was displayed in the centre.
All bedrooms had thumb locks which the staff had keys for in the event of emergencies. All residents also had keys to the front door and had access to a private phone. The residents meeting records indicated that where residents made suggestions they were acted upon, for example a request to have a fry-up at the weekends and to organise social evenings of their choosing, such as race nights or pool competitions which they organised themselves.

Complaints were addressed transparently and both informal and both informal and formal complaints were recorded. There was a confidential commentary box available and the residents explained this process to the inspector. They also expressed their confidence in how any concerns would be managed. There was a slight improvement required in the policy on complaints as to the designated persons responsible and their role in either managing or overseeing the process. While advocacy was made available the process for residents sourcing independently was not clearly outlined. The person in charge agreed to review this.

**Judgment:**
Compliant

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

**Findings:**
The inspector found that the communication needs of residents were recognised and supported by staff. In some instances signage and written directions were used along with white boards to aid memory and provide guidance. Some of the kitchen presses were labelled so that residents could easily access the items they wanted and reminder lists were also used. Residents told the inspector they found these helpful and they were not overly intrusive. Residents were seen to have access to televisions, radios and computers and email which they used for internet and education purposes.

**Judgment:**
Compliant
<table>
<thead>
<tr>
<th><strong>Outcome 03: Family and personal relationships and links with the community</strong></th>
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</thead>
<tbody>
<tr>
<td>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.</td>
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</table>

**Theme:**
Individualised Supports and Care

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector was satisfied that the provider was in compliance with this requirement and that there was a commitment to supporting and maintaining resident’s familial and significant relationships. Residents outlined to the inspector how their family visits and relationships were supported. Questionnaires received from some family members expressed their satisfaction with the care provided and the consultation system in place. There was evidence of appropriate consultation with and sharing of information with the residents next of kin.

Family meetings attended by the resident and significant family members were held to review progress and to agree proposed changes to the care programme.

The location of the centre means that residents have easy access to local community, shops and transport, day care and doctors and were observed using all of these during the inspection. There was also a vehicle available for use. Friends and acquaintances were encouraged and visitors were welcome. Some organised social events took place which residents invited friends or residents from other connected services to attend. Communal areas or the bedrooms could be used for privacy. There were good relationships with the neighbours and the residents were very familiar with all transport systems, local facilities and easily able to access them.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th><strong>Outcome 04: Admissions and Contract for the Provision of Services</strong></th>
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<tr>
<td>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.</td>
</tr>
</tbody>
</table>

**Theme:**
Effective Services

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.
Findings:
There were procedures in place for the management of admissions to the centre. The admission process as outlined included a detailed assessment of the resident based on agreed criteria and this was adhered to. Referrals can be made from health care professionals or individuals. There was evidence that residents had opportunities to visit the centre and that a transition process was undertaken prior to making the decision to move to the centre. The residents confirmed this.

There were systems to ensure that if residents required admission or transfer to other services detailed information was available. There was an agreed contract which detailed the services and the fees to be paid for this service and all monies were receipted and lodged with a unique identifier for the residents.

Judgment:
Compliant

Outcome 05: Social Care Needs
Each resident's wellbeing and welfare is maintained by a high standard of evidence-based care and support. Each resident has opportunities to participate in meaningful activities, appropriate to his or her interests and preferences. The arrangements to meet each resident's assessed needs are set out in an individualised personal plan that reflects his/her needs, interests and capacities. Personal plans are drawn up with the maximum participation of each resident. Residents are supported in transition between services and between childhood and adulthood.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.

Findings:
The inspector found that the social health and psychological care needs of residents were regularly assessed by staff and relevant clinicians and that personal plans were made to ensure that these were followed through on. Some improvements were required in the maintenance of documentation. There was evidence on the records seen and from speaking with the residents that they were involved and consulted in regard to their care and rehabilitative needs.

There was documentary evidence that each residents health, personal and social care and support needs were fully assessed before admission, and annually following this. There were personal plans tilted “individual rehabilitative plans” implemented. The plans were found to be concise and regularly reviewed with multi-disciplinary input from allied health services as required by the residents needs. There were monthly reviews for each resident with an annual multidisciplinary review held which included the relevant clinicians, the resident and family members. A three monthly review also took place to
monitor progress.

There was a transition plan implemented before residents moved into the centre. The inspector was informed that plans to move to more independent living arrangements would be made in a structured manner with identified supports available from within the organisation and via other agencies.

There was evidence that outcomes were reached and further plans and goals were identified in conjunction with the residents. The residents had direct access to relevant services including day care which focused on supporting their rehabilitation, cognitive, physical, life skill and social development.

There were directions and protocols in place for the management of epilepsy and diabetes which staff were familiar with. However, in some instances the plans did not contain guidance on the other health care needs. For example, the management of respiratory illness. However, from a review of other records available and speaking with staff and residents the inspector was satisfied that this was a documentary deficit and that the health care needs of residents were being met and monitored by staff. Some records in relation to the residents such as annual reviews did not identify the clinicians who directed interventions and some records were not signed and dated. This is actioned under outcome 18 Records and Documentation.

There was no current end of life policy. The person in charge stated that given the type of care provided it is unlikely that a resident could be accommodated during serious illness or at end of life. However, from a review of a record available the inspector was satisfied that where a resident became acutely unwell the staff were vigilant and responded promptly to seek medical care and support and that the residents wishes were ascertained.

Where a resident passed away in an acute setting staff were available to support the resident and relatives are invited to return to retrieve personal belongings and meet the other residents. Staff and residents attended the funerals if they so wished. A resident showed the inspector a memorial tree which had been planted in the garden in memory of a fellow resident who had passed away.

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

Findings:
From observation the inspector found that the premises was fit for purpose and met the needs of the residents. The premises is owned by the Health Service Executive (HSE) who have responsibility for all maintenance and upkeep. The centre is comprised of a two-story semi-detached house and is situated in a residential area close to transport services, local shops, churches and the community. It is undistinguishable from neighbouring houses.

The accommodation consists of a large sitting room, dining room and suitably sized and equipped kitchen. There are two bedrooms downstairs with a shared wheelchair accessible and suitable shower and toilet facility. There are two bedrooms upstairs with a suitable bathroom. The bedrooms rooms are of good size and have adequate space for personal belongings.

There is suitable heating, lighting and ventilation available. An accessible enclosed garden is available to the rear. The house is domestic in style and furnished accordingly. There are two staff offices/combined sleepover rooms with an en suite.

Residents whose rooms were upstairs were deemed suitable to use the stairs safely and were comfortable doing so. The person in charge had identified the need for additional non slip flooring in the kitchen and bathroom and funding had been sought to undertake this. The car was serviced regularly and there was evidence of road-worthiness and insurance.

Clinical waste was managed safely and appropriate protective equipment was available to staff as necessary. Equipment for residents including wheelchairs were serviced and the vehicle was also serviced and insured.

Judgment:
Compliant

Outcome 07: Health and Safety and Risk Management
The health and safety of residents, visitors and staff is promoted and protected.

Theme:
Effective Services

Outstanding requirement(s) from previous inspection(s):
This was the centre’s first inspection by the Authority.
Findings:
There were systems in place to promote the safety of residents with some improvements required in the risk management policy and the risk register. The policy was generic in content in terms of risk identification and management and did not include the management of risk in relation to the specific risks set out under the regulations. While a risk register was maintained it was primarily environmental and organisational and did not demonstrate recognition of the number of risks pertinent to the residents including the potential for falls. However, the inspector was satisfied that there were systems in place for learning from incidents.

Each resident had a generic risk assessment completed which governed a number of issues such as medical needs, physical and behavioural limitations, building hazards, activities of daily living and psychosocial needs. The assessments focused on individual residents’ needs for example issues with medication or potential for falls. There were strategies in place to mediate the risk.

The fire safety management systems were implemented and equipment such as emergency lighting and the fire alarm and extinguishers were serviced as prescribed. Staff had annual fire training and monthly drills were held to ensure they were familiar with the systems and there were personal evacuation places available for each resident. There was a suitable secondary evacuation route available or a resident who may require assistance with mobility to evacuate. Residents informed the inspector that they knew what they had to do when the alarm sounded.

The emergency plan was satisfactory and included the arrangements for the interim accommodation of the residents should this be required. A record seen of an incident when evacuation had to take place demonstrated that the plan had been followed by staff and the temporary accommodation was accessed successfully.

There was a signed and current health and safety statement available. A centre-specific missing person procedure was also in place and systems were agreed with the residents that staff would know their whereabouts and time of expected return to the centre. A health and safety review of the premises was undertaken monthly and annually. There were local infection control guidelines available in addition to the policy on infection control.

The provider had contracted an external consultant to undertake a health and safety review of the premises in 2014. Any issues identified had been dealt with. The person in charge maintained a record of accident and incidents. The inspector was satisfied from records and interviews that actions were taken to try to prevent any re-occurrences when any incidents occurred. The actions taken included changes to medication administration practices action to prevent accidents to residents in the kitchen and additional training in managing behaviour for staff.

A small number of residents smoked and a shelter had been erected in the garden. While a risk assessment had been carried out it was not comprehensive and did not take account of the need for a method of extinguishing fire in the shelter or the matter of residents using lighters within the centre.
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):
This was the centre’s first inspection by the Authority.

Findings:
The inspector reviewed policies and procedures for the prevention, detection and response to allegations of adult abuse and found that they were satisfactory and demonstrated an awareness of the role of external services and reporting mechanisms in this matter. As the designated officer the regional manager had demonstrated an awareness of the appropriate procedures to follow in carrying out any investigation. Staff were able to articulate their understanding and responsibilities in relation to this and who they should report to.

In addition, there were procedural guidelines on lone working and the provision of personal care to residents’ which in this instance was not a requirement. The latter required review e as it did not sufficiently guide staff in relation to maintaining resident’s dignity and their preferences for how such care would be carried out. Records demonstrated that staff had received training in the prevention of and response to abuse in 2013. The inspector was informed that no concerns or allegations of this nature had been raised.

There was a policy on the management of behaviour that is challenging and the use of restrictive procedures. Both were satisfactory and demonstrated an understanding of the meaning behind the behaviours pertinent to the residents and how to support them. The person in charge stated that no form of restraint including medication was utilised and strategies such as reasoning and consultation were implemented to support residents. The inspector saw evidence that this was undertaken. There was also significant input from clinical supports such as neuro-psychology in the management of behaviour. This interventions is integral to the organisation and therefore easily accessible to staff.

The staff were able to articulate the most supportive strategies to use and demonstrated a good understanding of the meaning of the behaviours and the communication needs of the residents. The inspector saw evidence on records and from interviews that the
person in charge took appropriate action to protect other residents and seek alternative placements in a timely manner where this was required.

**Judgment:**
Compliant

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### 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):**
This was the centre’s first inspection by the Authority.

**Findings:**
From a review of the accident and incident logs and the notifications forwarded to the Authority the inspector was satisfied that the person in charge was complying with the requirement to notify the Office of the Chief Inspector of any accidents or incident which occurred in the centre.

**Judgment:**
Compliant

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### 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):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector was satisfied from speaking with residents and form a revise of the records available that residents’ general welfare and development was promoted and facilitated within the ethos of rehabilitative support. Many of the residents attended a number of appropriate services which provided a range of training and activities which were focused on rehabilitation and development. Residents told the inspector that they enjoyed attending the day services and that they were learning skills which were helpful
Residents also told the inspector that they were supported by staff to pursue a variety of interests, including recreational activities, meeting friends and using memory improvement tools. They were supported in life skill development including personal care, management of illness and finances. They had access to computers and the internet. There were opportunities to become involved in groups outside of the centre.

The inspector found that residents had opportunities to access meaningful on-going education in the community, and this was detailed in the personal goal plan according to the resident’s needs and capacity. One resident was doing cookery and the skills were based on the residents own preferences and interest. Training in accessing local transport and getting to know the geographical area was provided to ensure residents could access the community and maintain their own independence needs. This included assistance with mobility such as using motorised wheelchairs in public areas. All of the above systems were congruent with the rehabilitative focus of the care provision.

**Judgment:**
Compliant

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**Outcome 11. Healthcare Needs**
*Residents are supported on an individual basis to achieve and enjoy the best possible health.*

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector was satisfied that resident’s healthcare needs were met but there were areas for improvement required in the documentation of the healthcare plans which are discussed further in Outcome 5 and actioned in Outcome 18.

There was very good access to both general practitioners (GP) services and a range of allied health services appropriate to the residents needs. Residents confirmed that they can attend their GPs either in the surgery or in the centre. Records of these appointments were maintained in the surgery but there was a detailed report of the outcome of any appointments documented by the staff in the centre. Residents had provided signed consent for this record to be maintained and for the information to be shared with the staff.

There was evidence of referral and consultation with allied services as required by the residents needs, including occupational therapy and mental health specialists, dentistry and opticians. There was an emphasis on the rehabilitative care including physiotherapy,
occupational therapy services and psychological services. A resident undertook specific exercises with the help of staff to improve muscle strength.

There were strategies in place to encourage healthy eating, diets and health promotion with staff and residents agreeing on food choices and weight management strategies. The residents informed the inspector of this and it was clear that staff were helping them to be informed on their overall health needs. Residents help to prepare their own meals and were supported by staff in this depending on their physical capacity to do so. A number of residents had specialised dietary requirements and these were seen to be adhered to.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th>Outcome 12. Medication Management</th>
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<tbody>
<tr>
<td><em>Each resident is protected by the designated centres policies and procedures for medication management.</em></td>
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</table>

**Theme:**
Health and Development

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The inspector found there was a comprehensive medication management policy in place to guide practice which staff adhered to. The care staff were trained to administer medications and the inspector found they were knowledgeable about safe administration of medication and the possible side effects of medication.

While there was no resident self-medicating an assessment procedure was in place for this. However staff encouraged residents to take the medication under their supervision. One resident was enabled to take responsibility for insulin and taking daily blood checks. These were cross checked by staff with the resident’s agreement. Where residents took medication out of the centre this was recorded and reconciled.

The inspector reviewed the prescription record and medication administration records for residents and found that the documentation was complete and where medication was not taken as prescribed, the reason was recorded. All as required (PRN) medications were correctly documented. All residents medications were reviewed six monthly by the GP, or more frequently if required. Discontinued medications were signed and dated by the GP.

Medication was stored safely in a double locked cupboard. Regular medication management audits were held and actions were taken to ensure that any discrepancies were resolved. There was a documentary system in place for recording all medications.
received and returned. Staff told the inspector that the pharmacist was available to provide advice as required.

There were no medications that required strict control measures (MDAs) in place during the inspection but systems were in place should they be required.

**Judgment:**
Compliant

**Outcome 13: Statement of Purpose**

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

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.

**Findings:**
The statement of purpose was found not to be fully compliant with the regulations with a minor improvement required which the person in charge agreed to rectify. Care practices and admissions were found to be congruent with the statement.

**Judgment:**
Compliant

**Outcome 14: Governance and Management**

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

**Theme:**
Leadership, Governance and Management

**Outstanding requirement(s) from previous inspection(s):**
This was the centre’s first inspection by the Authority.
Findings:
The inspector was satisfied that the governance arrangements were satisfactory and that care practices and outcomes were adequately monitored and reviewed. The person in charge was suitably qualified. She is also the person in charge of another designated centre within the organisation. There was no evidence that this arrangement impacted negatively on the management of the centre. The arrangements for her presence in both centres were clearly defined. There was also a suitably qualified and experienced team leader who shares management responsibility for care and supervision of staff. Both demonstrated their understanding of and adherence to their responsibilities and duties. There were also systems of supervision and monitoring of staff to ensure they exercise their own professional responsibilities.

The inspector was informed and observed that the person in charge was actively engaged in the governance, operational management and administration of the centre and met with the regional manager circa four to six weekly. There was an agreed and documented reporting mechanism. The regional manager undertook two annual reviews of care practices, resident plans and outcomes. The provider also undertook unannounced visits to the centre each year following a detailed self assessment by the person in charge.

The person in charge and the regional manager were observed to be well to the known the residents and all were familiar with the needs and wishes of the residents. Staff and residents were clear on the management structure. There was an effective and documented on-call system in operation.

There was evidence that any accidents or incidents were reviewed and remedial actions taken to prevent re-occurrences by the person in charge both as they occurred and on an annual basis. An annual audit of all the services in the organisation was undertaken specifically focused on ascertaining the views of the residents and relatives. The audit tool as seen was comprehensive. However, while the data was available it had not as yet been compiled to provide a full annual review of this service but will provide sufficient information to so.

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):
This was the centre’s first inspection by the Authority.
**Findings:**
The team leader was nominated to provide cover in any periods of absence of the person in charge including annual leave and any absences which requires notification to the Authority. The person is suitably qualified, the required documentation had been forwarded to the Authority and the arrangements were satisfactory.

**Judgment:**
Compliant

<table>
<thead>
<tr>
<th><strong>Outcome 16: Use of Resources</strong></th>
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<tbody>
<tr>
<td><em>The centre is resourced to ensure the effective delivery of care and support in accordance with the Statement of Purpose.</em></td>
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**Theme:**
Use of Resources

<table>
<thead>
<tr>
<th><strong>Outstanding requirement(s) from previous inspection(s):</strong></th>
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<tbody>
<tr>
<td>This was the centre’s first inspection by the Authority.</td>
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<table>
<thead>
<tr>
<th><strong>Findings:</strong></th>
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<tbody>
<tr>
<td>From a review of the service, records and interviews the inspector was satisfied that sufficient resources including adequate heating, transport, food and staffing were in place and well utilised.</td>
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**Judgment:**
Compliant

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<thead>
<tr>
<th><strong>Outcome 17: Workforce</strong></th>
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<tbody>
<tr>
<td><em>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.</em></td>
</tr>
</tbody>
</table>

**Theme:**
Responsive Workforce

<table>
<thead>
<tr>
<th><strong>Outstanding requirement(s) from previous inspection(s):</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>This was the centre’s first inspection by the Authority.</td>
</tr>
</tbody>
</table>
**Findings:**
The inspector was satisfied from observation and records available that the numbers and skill mix of staff were satisfactory to meet the needs of the residents. However, improvements were required in safe recruitment practices. There was an improvement required in the recruitment processes utilised. There was an actual and planned rota.

There were two staff available at all times with two sleepover staff at night. There was a commitment to ensuring that mandatory training was undertaken with all staff having up to date training in fire safety and the protection of vulnerable adult’s Manual handling was also up to date for staff. Staff were also trained in first aid.

Additionally, staff had regular access to a range of additional training which was pertinent to the needs of the resident population. This included, management of diabetes, behaviour that challenges, working with families, cognitive and communication difficulties, medication management and food hygiene. The training was found to inform practice and staff were knowledgeable on the needs of the residents and the care practices they were implementing.

The staff group have professional training across a range of different disciplines including social care, psychology, nursing studies, behaviour support and Further Education and Training Awards Council (FETAC) training which is relevant to the diverse needs of the residents. The inspector noted that staff were fully aware of the policies and procedures and had a sufficient understanding of the Regulations and Standards.

There were staff available at all times to support residents with transport appointments and chosen activities.

From a review of a sample of personal files, improvements were required in safe and effective recruitment practices. Documents missing included proof of identity, two written references and evidence of qualifications. This is actioned under Outcome 18 Records and Documentation.

There was a detailed induction programme, four monthly supervision and annual staff appraisal system in place. A review of the records of these indicated that residents care was prioritised and staff training and developmental needs were also addressed. Training was provided to the team leader to undertake this supervision. Staff were found to be committed and professional in their approach, articulated their various roles competently and communicated easily with the residents.

There were good systems for ensuring care provision was consistent. Regular staff meetings were held and the minutes reviewed by the inspector indicated that the focus

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

Findings:
The inspector found that records were up-to-date, maintained securely and easily retrievable with some improvements required. Some of the records pertinent to residents did not have the required plans in place for all identified health care needs and in some instances documents were not signed, dated and did not identify all professionals who had attended meetings or initiated interventions in relation to the residents. The directory of residents was in compliance with the regulations. However, improvements were also identified in relation to the policies in place.

A small number of written operational policies as required by Schedule 5 of the Regulations were not in place. These included the visitor’s policy and access to education and training. Some of the polices in place required amendment to guide staff practice such as the risk management policy and the end of life policy and the complaints policy.

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:

Noelene Dowling
Inspector of Social Services
Regulation Directorate
Health Information and Quality Authority
Provider’s response to inspection report

Centre name: A designated centre for people with disabilities operated by Peter Bradley Foundation Limited

Centre ID: OSV-0001524

Date of Inspection: 18 February 2015

Date of response: 10 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 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 was not in compliance with the regulations.

1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
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:
Risk Management policy to be revised in accordance with the regulations and be in compliance with the standards. 30th April.

Organisational Risk Register to be reviewed and include Clinical Risks. April 30th.

Proposed Timescale: 30/04/2015
Theme: Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The risk register did not identify risk pertinent to the residents.

Smoking and attendant risks had not been adequately risk assessed.

Action Required:
Under Regulation 26 (2) you are required to: Put systems in place in the designated centre for the assessment, management and ongoing review of risk, including a system for responding to emergencies.

Please state the actions you have taken or are planning to take:
While there is a Risk Register in place, that register will now include risks local to the service including a more developed smoking risk assessment. March 31st 2015

Smoking shed will include a side window so residents in the shed can be observed from a distance. Window/ Perspex to be put in smoking shed- March 31st

Fire blanket to be put into smoking shed. Done.

Resident use of lighters to be risk assessed. March 31st 2015

Proposed Timescale: 31/03/2015

Outcome 18: Records and documentation
Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
All of the required polices were not in place and some required amendment to guide practice.
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. All Schedule 5 Policies in place - April 15th

Revised Statement of Purpose to be forwarded. Revised statement of purpose to be sent – 9th March

Proposed Timescale: 15/04/2015

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Resident records and personal plans were not consistently maintained and documented in a manner to ensure accuracy and completeness.

Action Required:
Under Regulation 21 (1) (b) you are required to: Maintain, and make available for inspection by the chief inspector, records in relation to each resident as specified in Schedule 3.

Please state the actions you have taken or are planning to take:
Appointment to be made with GP re: respiratory illness- DONE
COPD care plan to be put in place- March 9th
Behaviour support plans to include instances of depression/ low mood to be documented. Behaviour support plans to be documented following behaviour that challenges training – March 31st

Clinical team meetings will include names of clinicians in attendance

Proposed Timescale: 31/03/2015

Theme: Use of Information

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The required documents pertaining to staff including proof of identity, two written references and evidence of qualifications were not available.
**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:**
Have linked with the Provider Nominee and the HR department with regard to the Schedule 2 documentation and information

**Proposed Timescale:** 15/04/2015