Health Information and Quality Authority
Regulation Directorate

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Peter Bradley Foundation Limited</th>
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<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001525</td>
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<tr>
<td>Centre county:</td>
<td>Dublin 7</td>
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<tr>
<td>Type of centre:</td>
<td>Health Act 2004 Section 39 Assistance</td>
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<tr>
<td>Registered provider:</td>
<td>Peter Bradley Foundation Limited</td>
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<tr>
<td>Provider Nominee:</td>
<td>Stevan Orme</td>
</tr>
<tr>
<td>Lead inspector:</td>
<td>Leone Ewings</td>
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<tr>
<td>Support inspector(s):</td>
<td>Jim Kee</td>
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<tr>
<td>Type of inspection</td>
<td>Announced</td>
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<tr>
<td>Number of residents on the date of inspection:</td>
<td>4</td>
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<tr>
<td>Number of vacancies on the date of inspection:</td>
<td>0</td>
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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.
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

<table>
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<th>From</th>
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<tr>
<td>18 March 2015 10:00</td>
<td>18 March 2015 17:30</td>
</tr>
<tr>
<td>19 March 2015 10:30</td>
<td>19 March 2015 16:00</td>
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The table below sets out the outcomes that were inspected against on this inspection.

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<thead>
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<td>Outcome 04: Admissions and Contract for the Provision of Services</td>
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<td>Outcome 05: Social Care Needs</td>
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<td>Outcome 06: Safe and suitable premises</td>
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<td>Outcome 07: Health and Safety and Risk Management</td>
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<td>Outcome 08: Safeguarding and Safety</td>
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<td>Outcome 09: Notification of Incidents</td>
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<td>Outcome 10: General Welfare and Development</td>
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<td>Outcome 11. Healthcare Needs</td>
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<td>Outcome 13: Statement of Purpose</td>
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<td>Outcome 14: Governance and Management</td>
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<td>Outcome 15: Absence of the person in charge</td>
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<td>Outcome 16: Use of Resources</td>
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<td>Outcome 17: Workforce</td>
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<td>Outcome 18: Records and documentation</td>
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Summary of findings from this inspection

This was an announced inspection and formed part of the assessment of the application for registration by the provider. This was the first inspection of the centre, this inspection took place over two days and as part of the inspection, practices were observed and relevant documentation reviewed such as care plans, medical records, accident logs, policies and procedures and staff files. The views of residents and staff of the centre were also sought, one resident was in hospital at the time of the inspection. Feedback also was considered from resident and relative pre-inspection questionnaires returned.
As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider for the purposes of application to register were found to be satisfactory.

The main aim of this residential service is to operate as an assisted living house, which provides individualised community based supports to maximise the quality of life to each person living with acquired brain injury. The service operates as a neuro-rehabilitation service with the goal of providing and enabling people to live meaningful lives in the community and in doing so operates as a person centered service. The residents who were all male adults had individual rehabilitation assessments and plans in place. The service is funded by the Health Service Executive and primarily accommodates person who fit the eligibility criteria from the Dublin area. The service does not currently have the capacity based on the accessibility of the premises to accommodate wheelchair users.

The governance of the centre was established and the nominated person on behalf of the provider has had their fitness considered as part of a recent registration process of another designated centre, with a satisfactory interview conducted at that time.

All documentation submitted relating to the person in charge was complete and satisfactory, the role was shared with another of the services community residential house in Co. Louth. The fitness of the person in charge was assessed throughout the inspection process to determine fitness for registration purposes. He completed an interview and was found to have satisfactory knowledge of his role and responsibilities, under the legislation and sufficient experience and knowledge to provide safe and appropriate care and supports to all residents.

A number of questionnaires completed by residents and relatives’ were received by the Authority during the inspection. The opinions expressed through the questionnaires were broadly satisfactory with all aspects of services and facilities provided. In particular, residents were satisfied with the manner in which staff supported each resident to make choices and decisions about their day to day lifestyle and skills acquisition.

Evidence of good practice was found across all 18 outcomes.

13 out of 18 Outcomes inspected against were deemed to be in full compliance with the Regulations. Improvements were required relating to contracts of care, medication management, statement of purpose and the provision of additional fire safety requirements as outlined in the providers own risk assessment. The providers had not completed the annual review of quality and safety, and quality of life report, but the regional manager confirmed he made unannounced visits to the centre to monitor service provision and resident satisfaction. Residents confirmed they enjoyed a good quality of life.

The action plans at the end of this report identifies the five outcomes under which these improvements are required.
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:
Residents confirmed they were consulted with, and participated in decisions about care supports and about the organisation of their home. Residents had access to advocacy services and clear information about their rights. All residents spoken with confirmed they were comfortable about voicing their opinions and thoughts freely in their own home.

Advocacy was discussed with the person in charge and the inspector was informed that this was an area where advocacy supports could be accessed and a social worker visited regularly.

Residents were clear about their rights and confirmed that they were fully respected by others who lived at the centre and staff supporting their lifestyle. Staff confirmed that the service operated on a consent basis. For example, one resident had written a letter to state that he did not consent to any person entering his personal bedroom in relation to the announced inspection. The inspector also spoke with the resident and confirmed that his right to privacy had been fully respected in this regard. He also confirmed satisfaction with his bedroom and facilities at the service.

Each resident's privacy and dignity was respected, including receiving visitors in private. Each resident was enabled to exercise choice and control over their lives in accordance with their preferences and to maximise independence.

The complaints of each resident, their family, or representative were listened to and acted upon and there was an effective appeals mechanism. There had been no formal
complaints documented by the person in charge. Residents confirmed that they knew who to discuss any issues or complaints should they arise in the future. The providers confirmed that any complaints about service provision would be addressed with a view to service improvement.

The inspector reviewed the systems in place to support residents with management of finances and found that they were clear and transparent, with receipts and the resident retained control over their own monies which were available to facilitate social activities, outings and holidays. The inspector discussed the systems in place with a number of residents and staff which involved management of their own funds. The current system was fully documented and found to be in line with best practice, and promoted independence with finances and budgeting where appropriate.

Judgment:
Compliant

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

Theme:
Individualised Supports and Care

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

Findings:
The inspector found that resident's communication needs were fully met. The written communications policy was in place to inform and guide staff. In practice staff were aware of the individual communication needs of all residents. Each resident's communication requirements were highlighted in their personal plan and reflected in practice. Full assessments were available as part of the admissions process, most residents had their abilities and communication requirements clearly outlined as they had transferred to the designated centre from different settings including home.

The centre was part of the local community and residents have access to radio, television, including additional news and sports channels, broadband and information on local events. For example, one resident liked to see the news channels and enjoyed watching current affairs matters in the sitting room.

Residents were fully facilitated to access assistive technology and aids and appliances where they were required to promote the their full capabilities. For example, the centre has a computer located in the residents dining area.

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

**Findings:**
Residents were supported to develop and maintain personal relationships and links with the wider community. For example, some residents planned for and spent time at their family homes at weekends. Residents were supported to maintain links and develop new friendships. For example, with colleagues in college or work placements and day centres attended.

There were no restrictions on visitors in place. Residents told the inspector that they had visitors of their choice visit them in their home, and attended family events and occasions. The inspector saw visitors coming to the centre on the day of the inspection.

Residents’ could choose for their families or representatives to be involved with aspects of care provided if they so wished. Meetings were held during the first quarter to review individual personal plans and discuss short and long term goals for each resident, and family involvements was clearly documented.

Residents used many of the facilities in the local community. They told the inspector they regularly visited the local bank, post office, General Practitioners (GP) surgery, swimming pool, coffee shop, and hairdressers. Residents could walk to the local shops to purchase groceries and items of their choosing for meal planning.

Hospital appointments or for other shopping outings were accessed using the seven seater car available for this house. For example, on the day of the inspection a resident visited the local botanical gardens to have lunch in the cafe and staff used the vehicle to take a resident to and from a local active retirement 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):
This was the centre's first inspection by the Authority.

Findings:
Admissions to the centre were in line with the centre's statement of purpose. There was an admissions and discharge policy in place that included referrals and the 'move on' process. Residents had an agreed written contract including details of the service to be provided. However, these service agreements did not specify details of fees or any additional charges for additional services not covered in the contract.

Inspectors discussed the admissions process with the person in charge and the team leader in the centre, and they described how potential residents would be fully facilitated to visit, and spend time at the centre prior to admission, and that residents were consulted regarding potential admissions.

The service agreements examined by inspectors were detailed documents that included details of the responsibilities of both the resident and the organisation, but the agreements reviewed did not specify the financial contribution that residents were expected to contribute to household costs. Some of the older agreements reviewed also contained a reference to rent charged at a rate relative to each resident's personal income, but no specific amount was included. Staff told inspectors that household contributions were discussed with all residents.

Judgment:
Substantially 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 each resident's wellbeing and welfare was maintained and support to a high standard of evidence based care. The service operated as an assisted living house, which provided individualised community based supports to maximise the quality of life to each person living with acquired brain injury. The service operated as a neuro-rehabilitation service with the goal of providing and enabling people to live
meaningful lives in the community and in doing so operated as a person centered service. The residents who were all male adults had individual rehabilitation assessments and plans in place to facilitate and personal growth and development. The service also welcomes female residents, and all accommodation is private as outlined in Outcome 6 of this report.

Each resident had opportunities to participate in meaningful activity, appropriate to his interests. Residents were actively involved in their personal rehabilitation planning process and their individual needs and choices were clearly reflected in the residents' interests and capacities. Independent living skills were clearly identified within the plans of all residents. For example, accessing the community, meaningful occupation, life skills and personal care.

In addition, the inspector saw evidence that each resident was supported following assessment of their ability in areas such as cooking, doing laundry, planning for employment opportunities and personal care. Clinical inputs were evident by a senior clinical neuro-psychologist and social worker. For example, one resident had initially received monthly visits from his social worker and the visits were now continuing on a three monthly basis, following his admission to the designated centre.

Each resident had an individual rehabilitation plan in place, and this was reviewed three monthly, the last reviews had taken place during the first quarter of 2015. Residents and relative involvement was evidenced with a family member invited to attend should this be the wish of the individual resident. Inspectors also spoke to residents who were aware of their own goals and contents of their individual plans. A comprehensive assessment was in place for each resident and each resident had details including their likes and dislikes, and personal plans were updated to reflect their changing needs.

Residents were observed answering the door and using their telephones and practicing safety awareness. Staff supported each resident in their daily living choices and promoted independence and autonomy. Residents' feedback confirmed they liked to do a variety of activity; walking the dog, swimming, watching television, music, going out to day service and active retirement and learning to do activities independently with the aim of achieving and supporting their independence.

**Judgment:**
Compliant

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**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

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

**Findings:**
The location, design and layout of the centre was suitable for its stated purpose and met the residents’ individual and collective needs in a comfortable and homely way. It was clean, tidy and suitably decorated. However, some improvements relating to accessibility, carpet on the stairwell and fire safety were required.

As outlined in Outcome 7 improvements are required relating to provision of ventilation in the sitting room and in the rear bedroom which has two gas boilers in the en-suite, and provision of fire safety equipment such as emergency lighting and an alarm system.

The premises is located in a north Dublin city suburb and has access to bus stops for public transport to the city centre within walking distance. The house is currently rented and can provide accommodation for a maximum of 5 residents.

Four resident bedrooms with full en-suite facilities are located on the first floor accessible by a domestic stair case. One bedroom is located on the ground floor and has a full bathroom and toilet adjacent to this room.

The inspector saw that overall the premises were well-maintained with suitable heating, and lighting. However, inspectors observed that the carpet on the first part of the stairs used by residents was worn in places. The front door had a step in place to enter and was not fully accessible.

The kitchen area had a gas cooker in place, and this facility was used by both residents and staff. Some residents required additional supervision relating to the use of the gas hob relating to the risks associated with the open flame. Alternative electrical equipment such as a steamer and a electric grill had been sourced.

Some of the residents showed the inspector their bedrooms which they confirmed they had furnished to meet their personal taste. There were sufficient furnishings, fixtures and fittings to meet the individual needs of residents’, including storage space in each residents bedroom. The second floor provided staff accommodation and office space, and a bathroom, and no residents used this area.

The communal areas included a well equipped kitchen/dining room, a sitting/private room. Adequate comfortable domestic seating and tables and chairs were available to seat all residents and staff. The house had provision for a private space, and two staff offices.

The garden contained a wooden decked area with table and chairs where residents could enjoy outside space. The rear garden had been landscaped and a roller shutter was in place to access the rear access. Car parking spaces were available to the front of the house for the centres car and visitor's.

**Judgment:**
Non Compliant - Moderate
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:
Inspectors were satisfied that the health and safety of residents, visitors and staff was promoted and protected. However, some improvements were required relating to the emergency plan in place which requires further development. The provider had a written risk assessment completed by an external provider which had highlighted areas for improvement relating to ventilation, in the sitting room, should the open fire be used, and the need for increased ventilation in the en-suite of room on the first floor where two gas heating boilers were located. This had not yet been actioned at the time of the inspection.

Staff had completed fire evacuation training organised by the provider. All staff had completed fire training within the past year and both residents and staff spoken with had a clear understanding of the procedure to be followed in the event of a fire. Each resident had a written personal evacuation plan in place and was knowledgeable about what to do when an evacuation was necessary from each house. Fire drills have taken place at different times of day and a record maintained of how the evacuation or drill was managed. A fire log record was available for inspection and demonstrated that drills took place each month.

Records were available to confirm that fire equipment including fire extinguishers, the fire blanket, and the smoke alarms had all been maintained and records kept of servicing. However, the fire instructions observed by inspectors were not consistent and referenced the use of an alarm which was not found to be available at the premises. The requirement for an alarm had been identified on the risk assessment shown to the inspector. Further to a discussion by the inspectors with the person in charge and the regional manager, they were informed that provision was being made to undertake the required works.

Arrangements were in place for recording, and investigating serious incidents / adverse events. One serious incident had been notified by the person in charge, and measures had been put in place to mitigate risks associated with a resident who had seizures and care supervision measures around personal and intimate care.

The safety statement was up to date and the risk management policy was in place and systems to manage any identified risks. The risk management policy includes all the requirements of the legislation and was found to be fully implemented at the time of the inspection.
The manager of the service had ensured that the vehicle was taxed, insured and road worthy, one car was available for taking residents to appointments, education or on planned outings.

**Judgment:**
Non Compliant - Moderate

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**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:**
There were adequate measures in place to protect residents being harmed or suffering abuse, which included a policy for prevention of abuse and procedures for dealing with allegations of abuse. Staff had all received training in the prevention of abuse. Staff members were observed to treat residents with warmth and respect. Intimate care plans were in place for residents who required support with personal care.

The five residents living in the centre had their own keys and the front door was kept locked at all times. Residents also had access to an enclosed rear garden space. Four of the five residents could lock their bedroom door if they wished, while the fifth resident did not require a lock on his bedroom door. There was a privacy lock on this resident's en suite bathroom door. The bathroom located on the ground floor of the centre and used by one of the residents had a door that opened out, and had been fitted with a two way lock to enable staff to access this bathroom in the event of the resident having a seizure. Detailed intimate and personal care plans were in place for this resident.

There were no incidents, allegations or suspicions of abuse recorded in the centre at the time of inspection. Staff confirmed that there were no restrictive practices in operation within the centre at the time of inspection, and there was a policy in place which was aligned to best practice. Inspectors observed that all staff demonstrated a consent based approach to all interactions and were respectful in every way towards each other and the residents.

Staff informed inspectors that they had been educated in dealing with one resident who sometimes exhibited challenging behaviour, and guidelines were in place. This behaviour was also identified in the residents risk assessment tables. There was a policy in place for challenging behaviour, and a clinical psychologist always participated in each
居民对他们的个体康复计划的审查。

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

**Findings:**
A record of all incidents occurring in the designated centre was maintained and where required, notified to the chief inspector. A low level of incidents and accidents was confirmed and noted by the inspector. A system was in place to maintain any record of incidents and accidents occurring in the centre and was maintained by staff and monitored by the person in charge. One incident notifiable within three working days had occurred to date, and this had been followed up in a robust manner by the person in charge.

All statutory notifications had been submitted to the chief inspector in a timely manner, and a nil return had been notified for the last required time frame.

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

**Findings:**
Resident’s opportunities for new experiences, social participation, education and training were facilitated and fully supported by staff. Each resident has in place an individual rehabilitation plan and a detailed cognitive assessment undertaken by a specialist clinical
psychologist on admission to the service.

Central to each person’s plan was occupation and activity based on each persons individually assessed and suitable to their cognitive abilities. For example, one resident attended a full-time rehabilitation programme designed around learning life skills, including budgeting, numeracy, cooking and preparation for gaining employment.

Residents’ experiences included the following; involvement with active retirement group, day service attendance, specialist day services for people with neurological injuries. Some activities were tailored to include long days and balanced with shorter days, to enable residents enjoy social activity and hobbies. A staff member told inspectors that as part of his goal, one resident had attended an interview, completed a curriculum vitae, and was waiting to undertake work experience.

Each resident whether attending work or training had their own weekly activity schedule which also included personal development within the house. Some residents had detailed daily plans in place to include personal care, activity, and the inspector noted that some areas of the house had timers in place as reminders for residents to check with their plan for the day, to facilitate memory and planning. Residents also interacted well with the dog who lived with the residents and took her out for walks and were seen to enjoy her company.

Other activities included shopping, the preparation and cooking meals, housework/chores, sorting and attending to washing of personal clothing and managing their own laundry. Residents were been facilitated to develop their areas of interest including information technology and cinema.

**Judgment:**
Compliant

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<tr>
<th><strong>Outcome 11. Healthcare Needs</strong></th>
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<td>Residents are supported on an individual basis to achieve and enjoy the best possible health.</td>
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| **Theme:** |
| Health and Development |

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

| **Findings:** |
| The inspectors were satisfied that the health care needs of residents were being fully met. All residents had detailed multi-disciplinary assessments completed prior to coming to live at the centre. Healthcare arrangements were pro-active for example one resident had an exercise plan to maintain mobility and function. Another resident attended regular swimming sessions at the local pool. |

| The inspectors reviewed three residents’ files and saw evidence that they were |
facilitated to access their General Practitioner (GP) and to seek appropriate treatment and therapies from health care professionals when required. Inspectors were satisfied that the allied health services were availed of promptly to meet residents' needs. Completed referral forms were available for review in residents' files and written evidence of relevant reviews were also available. For example, one resident had an occupational therapy assessment relating to hygiene needs and provision of appropriate equipment for the bathroom.

One resident was in hospital at the time of the inspection, this was a planned admission to undertake specialist assessment by a neurologist. Staff maintained close communication with the hospital ward to facilitate any planned discharge arrangements.

Residents confirmed that they had a choice of food and it was planned for each week. Staff facilitated mealtimes and cooking and residents assisted with the shopping and the preparation of meals. For example, each resident had a day where they were fully involved with meal preparation and menu planning. A resident told the inspector they planned the weekly meal menu every week and each resident had the opportunity to choose meals. Inspectors saw that residents' had access to adequate quantities and a good variety of nutritious food to meet their dietary needs. Healthy choices were promoted and residents were facilitated to enjoy a balanced diet. Staff had a good knowledge of foods enjoyed by each resident and which foods were least preferred so alternative options could be considered.

The inspectors saw that staff knowledge was reflected in the resident individual assessment records. For example, one resident was assessed as requiring full supervision whilst using the gas hob to cook meals, and cold options were listed to enable independence around food preparation. Food choices involved fresh fruits and vegetables. However, one resident told the inspector he did not enjoy eating vegetables and preferred his own choice of meals. All residents maintained a healthy weight and had their body mass index checked regularly.

While all residents could participate in cooking and alternatives have been sourced such as the steamer and the electric grill, not all residents could independently use the cooker. The inspectors recommend that consideration is given to reviewing the use of the gas hob in the kitchen and exploring alternatives to allow for all residents to access a more accessible cooking facility.

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

Findings:
Inspectors found that there were written operational policies in place in the centre relating to the ordering, prescribing, storage and administration of medicines to residents. Inspectors found one out of date medicine that had not been appropriately segregated from other medicinal products. There was no process for identifying any trends within the centre relating to medication errors, and there was no formal medication management audit system in place.

Medicines were supplied by the local community pharmacy in a monitored dosage system, which consisted of blister packs, and the centre had established a good working relationship with this pharmacy. All medicines were stored appropriately within the centre.

Inspectors observed that one of the residents’ PRN (as required) medications had expired at the end of the previous month. This was brought to the attention of staff who immediately segregated it from all other medication and returned it to the pharmacy. Replacement medication was obtained for the resident before the end of the inspection.

There was no facility within the centre for the secure storage of medicines that required refrigeration, and at the time of inspection none of the residents’ medicines required refrigeration. The regional manager and the person in charge acknowledged that a separate fridge for medication could be provided if necessary.

Staff had received training on the safe administration of medication (SAM). Resident-specific protocols were in place for the use of specified medicines for the management of epileptic seizures. All staff with whom inspectors spoke demonstrated good knowledge and understanding of principles in relation to safe medication management practices, and one staff member was always assigned the task of administering medication.

Inspectors reviewed medication prescription and administration sheets, and observed that on two prescription sheets the prescriber had not indicated the frequency of administration of one of the medicines. Inspectors also found that the prescriber had not indicated the maximum daily dosage for a PRN (as required) medicine. Staff informed inspectors that all residents’ medications were reviewed on a regular basis, and that all prescription sheets were re-written by the prescriber at this time.

At the time of inspection none of the residents were self-administering medications, although staff confirmed that assessments were available to assess individual resident’s competency if needed. Staff discussed one resident’s personal medication plan with inspectors, and explained how certain aspects of the administration process had been incorporated into the residents’ individual goals.

The person in charge and the team leader for the centre explained how medication errors were recorded on the accident/incident report forms, and reviewed as part of the accident and incident review process. Inspectors were informed that staff did review medication prescription and administration records, but that this was not part of a
structured comprehensive medication management audit system.

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

**Findings:**
The statement of purpose reviewed by the inspectors contained most of the information required by Regulations, and accurately described the services provided at the centre.

However, the provider nominees name had not been clearly stated in the document, and additional information about how fire safety procedures were managed should be included to fully meet regulatory requirements.

**Judgment:**
Substantially Compliant

### Outcome 14: Governance and Management
*The quality of care and experience of the residents are monitored and developed on an ongoing basis. Effective management systems are in place that support and promote the delivery of safe, quality care services. There is a clearly defined management structure that identifies the lines of authority and accountability. The centre is managed by a suitably qualified, skilled and experienced person with authority, accountability and responsibility for the provision of the service.*

**Theme:**
Leadership, Governance and Management

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

**Findings:**
The management team was well established and had provided leadership and guidance. The inspectors met with the management team individually and reviewed their knowledge and understanding of regulation and ongoing fitness to provide a safe service. There was a clearly defined management structure that identified the lines of
authority and accountability. The provider nominee was interviewed formally and separately during a recent inspection of another designated centre and found to be fit to undertake this role.

This centre is one of two services managed by a suitably qualified, skilled and experienced local service manager with authority, accountability and responsibility for the provision of the service. He was named as person in charge and employed full time to manage the two houses and other community services. The inspectors observed that the person in charge was involved in the governance, operational management and administration of the centre on a consistent basis, and attends the service at least two days a week. He had a very good knowledge and understanding of the residents' who confirmed they knew him well.

During the inspection the person in charge demonstrated sufficient knowledge of the legislation and of his statutory responsibilities. Records submitted confirmed that he was committed to his own professional development. He was supported in his role by a named team leader who also participates in management of the service, a team of eight rehabilitation assistants staff. The team leader reports directly to the person in charge, who in turn reports to the regional manager. The regional manager participated in the inspection process and was present for feedback of the findings of this inspection.

The inspector was informed by the person in charge and saw evidence that regular scheduled minuted meetings took place with the manager and service director. The manager was based at the service and was closely involved with day to day management. The service director confirmed her attendance at the centre for board meetings and when required as she has other responsibilities at other locations. The service director reported directly to the board of directors, who met at the centre every eight weeks.

Management systems had been developed to ensure that the service provided were safe, appropriate to residents’ needs, consistent and effectively monitored. The inspector saw evidence that issues identified on the first inspection of the service had been robustly followed up on. However, no written review of the health and safety and quality of care and support provided to residents’ had been completed in the centre to date. The inspector was informed that the methodology to inform an annual review of the service was to be developed in an appropriate format by management.

As part of the application for registration, the provider was requested to submit relevant documentation to the Health Information and Quality Authority (the Authority). All documents submitted by the provider for the purposes of application to register were found to be satisfactory.

**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 Chief Inspector had not been notified of the proposed absence of the person in charge of the centre to date and the inspector was satisfied that arrangements were in place for the management of the centre during her absence.

As mentioned under Outcome 14, the team leader who was interviewed on inspection demonstrated an excellent clinical knowledge of residents' and had the required experience and qualifications to manage the centre in the absence of the person in charge. Support from the regional manager of the service was also available on site when the person in charge would be absent.

### Judgment:
Compliant

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

### Findings:
The centre was sufficiently resourced to ensure the effective delivery of care and support to residents' in accordance with the Statement of Purpose.

The resources available within the centre were appropriately managed by the person in charge to meet the needs of residents'. For example, the person in charge ensured that there was enough staff allocated to the centre to meet the individual and collective needs of residents'.

### Judgment:
Compliant
Outcome 17: Workforce
There are appropriate staff numbers and skill mix to meet the assessed needs of residents and the safe delivery of services. Residents receive continuity of care. Staff have up-to-date mandatory training and access to education and training to meet the needs of residents. All staff and volunteers are supervised on an appropriate basis, and recruited, selected and vetted in accordance with best recruitment practice.

Theme:
Responsive Workforce

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

Findings:
The person in charge had in place arrangements to provide staff supervision, and support meetings with each individual staff member now take place 3/4 times a year. Staff interviewed by the inspector confirmed that they were satisfied with the current arrangements and training provided which enabled them to provide a high standard of care.

There were appropriate numbers and skill mix of staff were adequate to meet the needs of all residents. Two staff members were rostered to be present on a sleepover (non-waking) basis overnight. Staffing levels included the person in charge, team leader and 8 whole time equivalent rehabilitation assistant staff. Rehabilitation staff on the roster were available to cover unanticipated leave. As mentioned under Outcome 16, the person in charge managed this well. Staffing was also guided by activities and outings planned for by residents which were person centred and not lead by availability of staff. A system of reporting was established where if a planned activity with a resident had to be cancelled or deferred that this would be formally recorded and acted upon.

The inspector reviewed staff training records and saw evidence that staff employed had mandatory training in place including fire, safeguarding and moving and handling and those spoken with had a good knowledge of procedures to follow. In addition, the team leader had a training plan in place for refresher Safe Administration of Medication training (SAMS) and a robust induction programme in place. There were no volunteers identified as working in the centre.

The recruitment process was found to be safe and robust, a sample of two staff files were reviewed and all documents outlined in schedule 2 were available in each of the files reviewed.

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 records listed in Part 6 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Residents and Adults) with Disabilities) Regulations 2013 were maintained in a manner so as to ensure completeness, accuracy and ease of retrieval.

An insurance certificate was submitted as part of the registration pack and it showed that the centre was adequately insured against accidents or injury to residents, staff and visitors. Records reviewed confirmed that the vehicular means of transport used by residents was adequately insured.

Improvements were required relating to the maintenance of the directory of residents available which did not include all the required information. For example, records of when residents were admitted to hospital, General Practitioners name and address, and records of residents who have moved on to alternative accommodation was not maintained fully.

The centre had all of the written operational policies as outlined in schedule five available for review, the policy on intimate care was currently under review and was dated 2011.

**Judgment:**

Substantially Compliant
Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

Acknowledgements

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

Report Compiled by:

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

<table>
<thead>
<tr>
<th>Centre name:</th>
<th>A designated centre for people with disabilities operated by Peter Bradley Foundation Limited</th>
</tr>
</thead>
<tbody>
<tr>
<td>Centre ID:</td>
<td>OSV-0001525</td>
</tr>
<tr>
<td>Date of Inspection:</td>
<td>18 March 2015</td>
</tr>
<tr>
<td>Date of response:</td>
<td>21 April 2015</td>
</tr>
</tbody>
</table>

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 04: Admissions and Contract for the Provision of Services

Theme: Effective Services

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

The written service agreement for each resident did not include the amount of fees to be charged or any additional charges.

Action Required:
Under Regulation 24 (4) (a) you are required to: Ensure the agreement for the

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1 The Authority reserves the right to edit responses received for reasons including: clarity; completeness; and, compliance with legal norms.
provision of services includes the support, care and welfare of the resident and details of the services to be provided for that resident and where appropriate, the fees to be charged.

**Please state the actions you have taken or are planning to take:**
The statement of purpose will be amended with fees included.

**Proposed Timescale:** 30/04/2015

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### Outcome 06: Safe and suitable premises

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The premises is not fully accessible and the front door entrance area should be reviewed.

**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:**
We are currently looking into getting a portable ramp for the front door to increase levels of accessibility.
The statement of purpose will be edited to reflect the lack of accessibility for wheelchairs users throughout the building.
We have addressed the needs of changing the cooker in the Factual Accuracy Form and are awaiting feedback from HIQA.

**Proposed Timescale:** portable ramp & statement of purpose 30/04/2015

**Theme:** Effective Services

The Registered Provider is failing to comply with a regulatory requirement in the following respect:
Carpeting on the stairs was worn in places and requires replacement.

**Action Required:**
Under Regulation 17 (1) (c) you are required to: Provide premises which are clean and suitably decorated.

**Please state the actions you have taken or are planning to take:**
We have already contacted a company to get a quote for re-carpeting the stairs.

**Proposed Timescale:** 30/04/2015
### 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:**
The additional ventilation requirements relating to gas safety identified on the risk register in the living room and en-suite bedroom have not been fully implemented to date.

**Action Required:**
Under Regulation 26 (1) (b) you are required to: Ensure that the risk management policy includes the measures and actions in place to control the risks identified.

**Please state the actions you have taken or are planning to take:**
This work was carried out on 30th March 2015

#### Proposed Timescale: 30/03/2015

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
There were no emergency lighting system in place.

**Action Required:**
Under Regulation 28 (2) (c) you are required to: Provide adequate means of escape, including emergency lighting.

**Please state the actions you have taken or are planning to take:**
Our housing manager has put this work out for tender. Once a firm has been suitably chosen the work will commence with immediate effect.

#### Proposed Timescale: 01/07/2015

**Theme:** Effective Services

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The written fire instructions in place reference sounding a fire alarm which not found to be in place to facilitate raising the alarm in case of fire.

**Action Required:**
Under Regulation 28 (3) (b) you are required to: Make adequate arrangements for giving warning of fires.

**Please state the actions you have taken or are planning to take:**
A firm alarm system will be put in place to adequately reflect the fire instructions. The work has been sent out for tender.
The Registered Provider is failing to comply with a regulatory requirement in the following respect:
The fire instructions were not fully reflective of current practices, and require review to reflect actual systems in place.

**Action Required:**
Under Regulation 28 (1) you are required to: Put in place effective fire safety management systems.

**Please state the actions you have taken or are planning to take:**
A review will be carried out in regards to each resident’s personal evacuation plan and updated accordingly to reflect each resident as an individual. The fire system itself will also be updated with a new system to be installed.

**Proposed Timescale:**
PEEP’s 30/04/2015. Fire System 01/07/2015.

### 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:
An out of date medicine was stored with a resident's medicines and not segregated for disposal.

**Action Required:**
Under Regulation 29 (4) (c) 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 out of date or returned medicines are stored in a secure manner that is segregated from other medical products, and are disposed of and not further used as medical products in accordance with any relevant national legislation or guidance.

**Please state the actions you have taken or are planning to take:**
The internal audit form has been brought to the staff members’ attention. This form will be used to record the ordering/receipt/disposal of medication and ensures a more fluid system is in place to track medication more accurately.

**Proposed Timescale:**
21/04/2015

**Theme:** Health and Development

The Person in Charge (PIC) is failing to comply with a regulatory requirement in the following respect:
There was no system within the centre for reviewing and monitoring medication.
practices.

**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:**
A Medication auditing form has been drawn up for the organisation. This is currently being reviewed and edited. Once agreed upon it will be brought in with immediate effect nationally.

**Proposed Timescale:** 01/06/2015

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**Outcome 13: Statement of Purpose**

**Theme:** Leadership, Governance and Management

**The Registered Provider is failing to comply with a regulatory requirement in the following respect:**
The statement of purpose did not contain details of the provider nominee, and his role and function in the organisation, and further detail was required relating to fire safety procedures.

**Action Required:**
Under Regulation 03 (1) you are required to: Prepare in writing a statement of purpose containing the information set out in Schedule 1 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.

**Please state the actions you have taken or are planning to take:**
The above recommendations have been implemented into the statement of purpose on 16th April 2015.

**Proposed Timescale:** 16/04/2015

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**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 directory of residents did not contain all the required information.

**Action Required:**
Under Regulation 19 (3) you are required to: Ensure the directory of residents includes the information specified in paragraph (3) of Schedule 3 of the Health Act 2007 (Care and Support of Residents in Designated Centres for Persons (Children and Adults) with Disabilities) Regulations 2013.
<table>
<thead>
<tr>
<th><strong>Please state the actions you have taken or are planning to take:</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>This form has been amended nationally and local information will be inserted as recommended</td>
</tr>
</tbody>
</table>

**Proposed Timescale:** 30/04/2015